STATE OF MARYLAND—	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	183)
County Monly oweng	Registration Dist. No. 2/3
Village or City Man Monthered	NoSt.,Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME David argent of	
(a) Residence: No. Monthouse	St. Ward.
V(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY. That attended deceased from 2 1931 to Oliver 2 1933
DATE OF BIRTH (month, day, and year) Nov. 2 974 1954	I fast saw h alive on
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	He PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows:    Alexandrate   Alexandrate   Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	An A Lale
9. Industry or business In which	The Certification of the Certi
work was done, as SILK MILL, SAW MILL, BANK, etc	water
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Sisterial of Columbia	Other Contributory Causes of importance:
(State or country)	Mond
13. NAME Saved arguet	
14. BIRTHPLACE (city or town) May Land	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy? 7
15. MAIDEN NAME Bulale Edwards	23. if death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Occupant Date of Injury 7/21 1931
(State or country) //aufau	Where did injury occur? at home
7. INFORMANT Mathe	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Moulson mi	In home
18. BURIAL, CREMATION, OR REMOVAL Place Burtona ville MS Date Lary 27, 193V	Manner of injury
9. UNDERTAKER Framer & Pumphrey	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 726 1935 Mrs. W. J. Profe	(Signed) (Signed) M. D.
Registrar.	(Address) har storlle Isigh

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BILLAUV. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			E-9/ 1

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ry	Z	nt	
re	VI	me	
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&D	YS	sts	
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B	田	4	te.
P	P	erl	ca
V	ate	do	tif
SI	st	pr	cer
IS	pe	pe	JC
H	- P	Y	×
1	no	ma	Jac
IK	she	it 1	n L
		at	0 9
ZG	AG	thi	ons
N C	4	Se	cti
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	ref	in	an
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N.	pe	A	mp
A	d d	DE	-
PL	lno	Œ	er
6	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	TION is very important. See instructions on back of certificate.
L	no	SE	·iii
VR	tic	n	0
-	ma	C	TI
V. BWRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of		-	-
-	1	7	-

	STATE O	F MARY	LAND-	CERTIFICATE	OF DEATH	07813
1. PLACE OF				119		
County	noulgone	ery			Registration Dist. No.	217
Village or Cit	y Olie	ey, n	ed (11	No Mand	Litution, give its NAME instead of street	Ward
Langth of reside	ence in city or town whare d	eath occurred	yrsmos	sds. How long in U.S.i	if of foreign birth?yrs	mosds.
2. FULL NAW	E Clifton	Eucen	2 Bails	If U.S. Veteran spe	cify WAR	
(a) Residence	: No. Verma	(Usual place of	abode)	St., Ward.	If nonresident give city or town	n and State
PERSONA	L AND STATISTI	CAL PARTIC	ULARS	MEDICAL	CERTIFICATE OF DEAT	Н
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH	uly · 7 (Month) (Day)	, 193 5 (Year)
5e. If married, widowed HUSBAND of (or) WIFE of	d, or divorced			22. I HEREB	BY CERTIFY. That I atte	
6. DATE OF BIRTH (m	onth, day, and year) m	arch 2	9,1935	I last saw h		3.5 death is said
7. AGE Years		Oays	If LESS than	to have occurred on the data st		
	3	7	1 day,hrs. ormin.		CATH and related causes of importance	Date of onset
8. Trade, profess kind of wo	rk done, as SPINNER,	-				
9 industry or bu	BOOKKEEPER, etc	49,000		Infactivie	- Dearhea	20.
- IIII3 0000 pt		11. Total tim spent occup	e (years) in this a			
12. BIRTHPLACE (city (State or count		ry m	d.	Other Contributory Causes of in	nportance:	
	00.00	10	00	Malinety	lin	
13. NAME (	eigeon !	MILLIO A				
14. BIRTHPLACE (		mar-		Name of operation	Date	6.1
	S)	Bailo.			Was there	
E	city or town)	ma!	2		causes (VIOL ENCE) fill in also the foll  Date of injury	
17. INFORMANT J	lama Ba	eley			(Specify city or town, county sn f in INOUSTRY, in HOME, or in PUBLI	d State) C PLACE,
18. BURIAL, CREMATIO	on, or removal	solo ful	6 ,1975	Manner of injury		
19. UNDERTAKER (Address)	of mi	Larb.		24. Wes disaase or injury in eng	y way related to occupation of deceased	17.
20. FILED July	8,1936. 6	S. Bays	slef Registrar.	(Signed) (Address)	dy Spring	5. M. D
	If more l	blanks are needed ad		2417 N. Charles Street Ralsimore	Personne of S No . O	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	a record	Example II	and in prope
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chamic intentification Alice 2 1995	1915	Attack of epilepsy	1 week ago
Chronic interstitial neporitis AUG 2 1999	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County moulsomercy	Registration Dist. No. 2/8.
Village or City Segrena Mud	No. Justiles during R. J., D., Ward death occurred in a horpital or institution, give its NAMP instead of street and number)
Length of residanca in city or town whera daath occurredyrs,mos.	ds. How long in U.S. if of foralgn birth?
2. FULL NAME forsett kona	end Briggs
(a) Residence: Np. Chesimut St.	Gardier Sting Mil
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write he word)	21. DATE OF DEATH 7. 3/24
5a. If marriad, widowed, or divorcad	(Month) (Day) (Yaar)
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended decaased from
21 1	Cost walk will all so Dela 15 5
6. DATE OF BIRTH (month, day, and year) 3/13/19/3.	I last saw h. Halive of the all Mark of 19 1 ; death of and
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at
22. 4 /8 ormin.	wara as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at 7 11. Total tima (yaars) this occupation (month and 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	a boot was involved, but not implicated P
9. industry or business in which work was done, as SILK MILL,	in the accidental drowning Descared was swimming
SAW MILL, BANK, atc.	from boat to shore, a distance of 300 yards. He gave out,
11. Total tima (yaa's) this occupation (month and 730/35 spent in this occupation)	Leave existed, ivent under water and drowned, Expose
12. BIRTHPLACE (city or town) Garthershing	Other Contributory Causes of importance assistance could be randonal.
(State or country)	Cardiar deport ensile.
E 13. NAME Chas, Briggs	
13. NAME 14. BIRTHPLACE (city or town). Gentlement 14. BIRTHPLACE (city or town). Gentlement 14. BIRTHPLACE (city or town).	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May . 13. North	23. If daath was due to external causas (VIOL ENCE) fill In also the following:
15. MAIDEN NAME May . 13. 10-11	Accident, suicida, or homicide? Accident . Date of injury
∑ (Stata or country)	Whara did injury occur?
17. INFORMANT (Addrass) Talkershing Mil	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of injury accedental drowning
Place Tarkershung Data aut 3,130	Nature of Injury.
19. UNDERTAKER Pay M. Barber. (Address) Labellinstelle	24. Was disaase or injury in any way ralated to occupation of daceased?
20, FILED asig 3, 1935 alsula G. Laoke	(Signad) Carrier Dansey M. D.
Registrar.  If more blanks are needed, address State Registrar.	(Address) Latt V. Charles Street, Baltimore, Requesting U. S. No. 1,

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i i	Example I	N	Example II	
The principal cause of importance were	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ALIC 6 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAU V. S.	July 5,1927	Peritonitis	3 days ago
	A A DE LA TALLA DEL TALLA DE LA TALLA DE LA TALLA DE LA TALLA DEL TALLA DE LA			
Other contributory of	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
•				

V. S. No. 1 œ. should state

1. PL	ACE OF DEA	TH_		2/1112	——— (B)
C	ounty mon	Magner	nf		Registration Dist. No. 216
		very c	tiuse	. (1	No. 0309 - William St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Le	ength of residence in c	ity or town where d	leath occurred		sds. How long in U.S. If of foreign birth?yrsmosds.
2. FL	JLL NAME	mary	Elle 13	riscos	If U.S. Veteran specify WAR
.(8	a) Residence: No	63 G-	(Usual place of	wall_abode)	St., Ward.  If nonresident give city or town and State
F	ERSONAL AN	D STATIST	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX	nale W	or or race	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH  July  (Month)  (Day)  (Year)
HUS	rried, widowed, or divo	ncis H.	Brisi	203.	22. I HEREBY CERTIFY, That I attended deceased from March 10, 1935 to Duly 1936
6. DATE	OF BIRTH (month, da	v. and year)	arch. 5	-1851	I lest saw h. P. r. alive on TULY 1, 1935; death is said
7. AGE	Years	Months	Days	if LESS than	to have occurred on the date stated above, at 3:50 P.m.
	84	3	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
NO 8. T	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.				Chronic glomeralar nephrini 19.  Hypertensive heart disese 192
OCCUPATION	work wes done, as SAW MILL, BANK,	SILK MILL,			THE THE PARTY OF T
10. 0	this occupation (mo year)	rked at nth and	11. Totel tim spant occup	in this ation	
	IPLACE (city or town) State or country)	Sact.	Maym	outh	Dther Contributory Causes of Importance:  Obstructive postojeerative 1930  adhesions
0≤ 13. N	AME M	nkno	1100		
13. N	IRTHPLACE (city or to (Stete or country)	own)-gug	lund		Name of operation
15. N	IAIDEN NAME	unksi	rown		23. If deeth was due to external causes (VIDLENCE) fill in also the following:
15. M	IRTHPLACE (city or to (Stete or country)	own). Pug	lund		Accident, suicide, or homicide?
17. INFDR	MANTISS BI	ssie W	laware	nan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	IL, CREMATION, OR I		1.11	1, 3	Manner of injury
Pl	ace W ask	mston	Date Jun	4.2.,1905	Nature of injury
	RTAKER MANAGER	ham	leuro C	on and	24. Was disease or injury in any way related to occupation of deceesed? 24.
20. FILED	7-2-	1935 Tho	mas fil	De Mal Registrar.	(Signed) Leave Bonney Bonney A. (Address) 3.9.21 - Linguis and L. L.
		If more	blanks are needed, add	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYI AND—CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related tautes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

1. PLACE OF DEATH County County No. No. No. Length of residence in city or toys where death occurred.  Length of residence in city or toys where death occurred.  (a) Residence: No. (b) How long in U. S. if of foreign birth?  (b) No. (c) Residence: No. (c) Residence: No. (c) Residence: No. (d) A How long in U. S. if of foreign birth?  (d) Residence: No. (d) A How long in U. S. if of foreign birth?  (e) Residence: No. (Unsulphace of shock)  St. Ward.  If necercided a give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  S. If married, wildowed, or jibroroad plus of the party  So. If married, wildowed, or jibroroad plus of the party  So. If married, wildowed, or jibroroad plus of the party  So. If married, wildowed, or jibroroad plus of the party  To ARE  S. If married, wildowed, or jibroroad plus of the party  So. If married, wildowed, or jibroroad plus of the party  Ist staw to the state attack above, st. [J. J. J. J.		S	TATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH 07816
Village Dr City  Ward  Length of residence in city of toys where death occurred.  (It eash occurred in a hospital or institution, give in NAME instead of theret and number)  (It eash occurred in a hospital or institution, give in NAME instead of theret and number)  (It eash occurred in a hospital or institution, give in NAME instead of theret and number)  (It eash occurred in a hospital or institution, give in NAME instead of theret and number)  (It eash occurred in a hospital or institution, give in NAME instead of theret and number)  (It eash occurred in the hospital or institution, give in NAME instead of theret and number)  (It eash occurred in the hospital or institution, give in NAME instead of theret and number)  (It eash occurred in the hospital or institution, give in NAME instead of theret and number)  (It eash occurred in the hospital or institution, give in NAME instead of the seal of the name		1. PLACE OF DEA	THY	Tanasa		3
Length of residence in city on foyn where death occurred.  Length of residence in city on foyn where death occurred.  YE HULL NAME  (a) Residence: No.  (b) Ward.  St., Ward.  If accondition give day or town and State  PERSONAL AND STATISTICAL PARTICULARS  St., Ward.  If accondition give day or town and State  PERSONAL AND STATISTICAL PARTICULARS  S. If married, widowed, or giverand  (ill state of the part of th		County	Hone	muer	7	Registration Dist. No. 3
Length of residence in city or toys where death occurred.  (a) Residence: No.  (bustplace of abook)  (Constplace o		Village or City	Boyd!	may)		ND. St., Ward
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  J. 4. COLOR OR PACE S. SINGLE, MARRIED, WIDOWED, OR DIVORED Comic the word Wilson to Give Carlo of Death  21. DATE OF DEATH  C. DATE OF DEATH  C. DATE OF BIRTH (month, day, end year)  AGE Vears Months Days If LESS than 1 day, — hrs of rardicular single or business in which Lists SAWNER, BOOKREFER, etc.  J. House, Trade, profession, or particular single or business in which Lists SAWNER, BOOKREFER, etc.  J. House, Trade, profession, or particular single or business in which Lists SAWNER, BOOKREFER, etc.  J. House, Trade, profession, or particular single or business in which Lists SAWNER, BOOKREFER, etc.  J. House, Trade, profession, or particular single or business in which Lists SAWNER, BOOKREFER, etc.  J. House, Trade, profession, or particular single or business in which Lists SAWNER, BOOKREFER, etc.  J. House, Trade, profession, or particular single or business in which Lists SAWNER, BOOKREFER, etc.  J. House, Trade, profession, or particular single or business in which Lists SAWNER, BOOKREFER, etc.  J. House, Trade, profession, or particular single or business in which Lists SAWNER, BOOKREFER, etc.  J. House, Trade, profession, or particular single or business in which Lists and the profession, or particular single or business in which Lists are companied or business in which Lists are companied to the date stated above, at			ity or town where	death occurred		
3. SEX 4. COLOR OR PACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write he word) 5. If married, widowed, or divorced HUSSAND of (or) wite of (or) wi		(a) Residence: Np.				St. Ward.
3. SEX 4. COLOR OR BACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED Control he gunts)  55. If married, widowed, or givorced (Cr) Wife of (C	9,000					
So. If married, widowed, or divorced HUSAND (Month) (Day) (Year)  19. It is saw h. It is said to have occurred on the date stated above, at. It is said to have occurred on the date causes of importance occurred on the date stated above, at. It is said to have occurred on the date causes of importance occurred on the date stated above, at. It is said to have occu	_			ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
### SAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS than 1 day,		(i) us	uli			
T. AGE  Years  Months  Days  If LESS than 1 day,hrs. or	HUSBAND of					22. I HEREBY CERTIFY, That I attended deceased from
T. AGE  Years  Months  Days  If LESS than 1 day,hrs. or	6.	DATE OF BIRTH (month, da	v. end year)	6/35		I last saw hard alive on 7 7 - 6 - 1935 death is eaid
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAWYER, BOOKKEPER, etc. 10. Date deceased last worked at hyperation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  19. UNDERTAKER  (Address)  Manner of injury  Nature of injury in any way related to occupation of deceased?  19. UNDERTAKER  (Address)  Manner of injury  Nature of injury  (Signed)  M. D. (Address)  M. D. (Address)	_		Months		1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date	IPATION	8 Trade profession or particular		ormin.	Date of onest	
12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFDRMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  Date  Date  Registrar.  (Address)  19. UNDERTAKER  (Address)  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  (Signed)  (Signed)  M. D.  (Address)  M. D.	סככר	10. Date deceased last wo this occupation (mo	etc rked at	spe	nt in this	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Date	12		Dayg	499-	N- 2-	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Date	ER	13. NAME Joseph	4%	Bureke	ele	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Date	ATH		own) Bo	M. M.	9	Name of operation
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  Date  VALUE of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  M. D.  (Address)	_		0	2 4	77	What test confirmed diagnosis? Was there an autopsy?
17. INFDRMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place. Date 7.1935 Nature of injury.  19. UNDERTAKER (Address) 8 7 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	15. MAIDEN NAME LONG L. Succession 15. MAIDEN NAME					Accident, suicide, or homicide? Date of Injury, 19
Place Date 7, 192 Nature of injury  19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?  24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) (Signed) M. D.  (Address) Author Registrar. (Address) Author Butter	17.		4 /14	Gurell	uc.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address) Bogg Reg If so, specify  20. FILED 7-6, 1935 Mrs. C.C. Hillow (Signed)  (Address) Justinesburg M.D. (Address)	18	Alle se	REMOVAL	Date 7	-6-,1935-	
20. FILED (Address) Justinusburg Mg					elle	4 -
	20.	FILED 7- 6	1935 77	ers. C.C.		and the second second

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example EIVE		Example II	
of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Artertoscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	7817
1. PLACE OF DEATH	92:0	
County Montgomery	Registration Dist. No.	2
Village or City Barnesyfile	NoSt,	Ward
(If Length of residence in city or town where death occurred 13_yrsmos	death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME Stenry L. Clement	t.,	
	St., Ward.	
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The word of the word)	21. DATE OF DEATH (Nymh) (Day)	, 193 <b>5</b> (Yaar)
5a. If married, widowed, or divorced HUSBAND of Mary L. Clercente	June 27 1935, to July 8	deceased from
6. DATE OF BIRTH (month, day, and year) Operal 8. 1855	Vist saw bar alive on July 17 1934	; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated aboys, at 9: 30 Am.	
80 3 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, Letized farmer	ante myocardilis	6/27/35
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Dale deceased last worked at this occupation (month and 1920 spent in this year)		*************
12. BIRTHPLACE (city or town) near Barneserlle	Other Contributory Causes of Department	1930
(State or country) / Maryland	artero self oses	1982
13. NAME & Menry Clemente		
14. BIRTHPLACE (city or town) Rockvelly	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an a	outopsy?
15. MAIDEN NAME Mary 6. Beall	23. if death was due to external causes (VIOL ENCE) fill In also the following	:
15. MAIDEN NAME Mary 6. Beall  16. BIRTHPLACE (city or town). Mary Barner wille	Accident, sulcide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT / frs. Herbert Jessler	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Darnesville paje July 10, 19 31	Nature of injury	•
19. UNDERTAKER Selton by true ont.	24. Was disease or injury in any way related to occupation of deceased?	h p
20. FILED July 9., 19,35 Miss, CC Millon Registrar.	(Signed) EW Whate (Address) Provided	)M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Afterioscierosis	1915	Attack of epilepsy	1 week age
Chronic interstitial nephritis St. REAU V S	1921	Run over by street car	1 week age
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

6. DATE OF BIRTH (month, day, and year)  7. AGE 6 3 Yaars Months Days if LESS than 1 day,	18
Village or City be with the course of the co	
Length of rasidence in city or town whera death occurred . D. yrs	
2. FULL NAME  (a) Residence: No. 10  Vendad  St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write theyword)  5a. It marriad, widowed, or divorced  HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. Yaars  Months  Days  If LESS than 1 day,	Ward
(a) Residence: No. 10 Very and State (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  The principle of the power of the po	ds.
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5a. If marriad, widowed, or divorced HUSBAND of (or) WiFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  3. Yaars  Months  Days  If LESS than Iday, hrs. or. min.  8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years)	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The marriad, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years)	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Welliau a Clock  6. DATE OF BIRTH (month, day, and year)  7. AGE 3 Years Months Days if LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
6. DATE OF BIRTH (month, day, and year)  7. AGE 6 3 Yaars Months Days if LESS than I day,	(Year)
7. AGE 3 Years Months Days if LESS than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years)	19.36
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years)	ath is said
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at 11. Total time (years)	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)	te of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	P
10. Date deceased last worked at 11, Total time (years)	
O this occupation (month and spant in this occupation coupation	
Other Contributory Causes of importanca:	DINE
II 13. NAME John 9 Meagley a polifica 5	7/12
13. NAME  14. BIRTHPLACE (city of town)  Ment York State  Name of operation Excision Polynos Date of Excision (State or country)  What test confirmed diagnosis? Clinical Systems Was there an autop:	
15. MAIDEN NAME Maria Hasier 23. If death was due to external causes (VIOLENCE) III in also the following:	191-2-4-0
16. BIRTHPLACE (city or town) New York State Accident, suicide, or homicide?	19
Where did Injury occur?  (Specify city or town, county and State)  17. INFORMANT	
(Address) (3 Manner of injury Manner of injury	
Placa Wash D. B. Date 7-6-1935 Nature of injury	
19. UNDERTAKER OR THE Specific	
20. FILED 7-6 1935 Thomas (, loward (Signed) Thomas ( Cowall (Address) 5904 Conw. ave Chilh	M. D.

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E	xample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	200	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrins	VAC & Table	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

[KN] [CN] [CN] [CN] [CN] [CN] [CN] [CN] [C
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Efforts for two years had been made to get this nateruly
to be tick for Grand, the surision clearly up flow blooding
but she had marked ling symptoms, no evidence of other
- whente distributes, Estera stradence of a finalle commende
- of right lung including aspirated bloody flotid,
4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RIDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-PHYSICIANS should state Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07820
1. PLACE OF DEATH	948
County Non gowery	Registration Dist. No. 2/6
Village or City Dela religio	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME SLAYSE A, Glice	unigo (hot a reterant
(a) Residence: No Elku Ecko	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of	
(or) WIFE of Laura Lyons	22. A HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year) Feb. 16 1884	Hast sawh allow on Blad When death is said
7. AGE Years Months Deys II LESS then	to have occurred on the date stated ebove, et 1000 mf seem
69 5   Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
2 8. Trade, profession, or particular	Grobably Coronary Date of onest
kind of work done, as SPINNER, rale lunau	Turubais / 10
work was done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Date deceased last worked at 7/ 11. Total time (years)	
this occupation (month end //6/3 spent in this occupation / 324	
Bone Dhe Dli	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) State or opuntry)	
13. NAME I Cymunicas	
14. BIRTHELACE (city or town) Boundhilf	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Quice Harnes	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Boundary	Accident, suicide, or homicide? Date of injury 19
State or country)	Where did injury occur?
17. INFORMANT Mrs Hlopie B. Me Samiel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address) Ollry dale ha	Manage of talian
Place Clarendon Va Date July 16, 1936	Manner of injury
19. UNDERTAKER Wm Peublu Pringblerey	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Cockerell ong!	If so, specify
20. FILED 7/16 19. 3V B. C. Serry M. A. Registrar.	(Signed) Dittlesda Mig! M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1	July 5,1927	Perilonitis	3 days ago
BURHAUV.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
tor	authority to change from "married to ividowed"
216	form I filed under Me Daniel \$ 30 35 B

TION is, very important.

STATE OF MARYLAND—C	CERTIFICATE OF DEATH 07831
1. PLACE OF DEATH	
County Mordgomery	Registration Dist. No.
Village or City Change Office	No. St., Ward leath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredwsmos	
2. FULL NAME James W. bumn	nings (Not a neteron)
(a) Residence: No. 209 Thomasple (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write 1/16) word) Warried	21. DATE OF DEATH 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Marcy C. Loumnings.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and leer) Sept. 19 1864	I last sew h and alive on 1935, death is said to have occurred on the date stated above, a 6 P m.
10 10 1-9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
	were as follows:  Outer of conset
SAWYER, BOOKKEEPER, etc.	
Industry or business in which	
SAW MILL, BANK, etc.	
11. Total fine (years)  this occupation (month and g 3.5  year)  12. Total fine (years)  spant in this 3.2  occupation 3.2  year	
A 100 CD	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) When the state of the state	Cororay sprong out
(State or country)	
I 3. NAME JOHNES W. Durmings	D.L. of
13. NAME W. Durmings  14. BIRTHPLACE (tity or town)  (State or country)  (State or country)	Name of operation
(Cristic of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary Clew Wall  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19  Where did injury occur?
(State or country)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT QUE THE CALLETT	Specify whether injury occurred in thousand, in Home, or in Footbol EAGL.
18. BURIAL CREMATION, OF REMOVAL	Manner of injury
Place wash will Date July 15, 1935	Nature of injury
19. UNOERTAKER Francis Collins Wood West	24. Was disease or injury in any wey related to occupation of decrased?
20 FILED 7/15 , 1935 B. C. Perry On & Registrar.	(Signed) France F. Crowley M. D.
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example CEIVE		Example II	
of importance were as follows: AUG 6 1935  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis BUREAU V. S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

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S. No. 1

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	· id ·		

infor- state	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07823
	1. PLACE OF DEATH	93-2
should of of occupations	County mantgameny	Registration Dist. No. 214
item of should of OCC	Village or City Silves Sylving (H	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
NS Int	Length of residence in city or town where death occurredyrsyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
D. Every SICIANS tatement	2. FULL NAME Hurriel Chapman	7 agan
HY s	(a) Residence: No. Silver Spring and . (Usual place of abode)	St., Ward.  If nonresident give city or town and State
5 2 9	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FX	Jenuale 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July /3 , 193 5 (Year)
TI I led.	5e. If married, widowed, or divorced HUSBAND of	
IANI A C 7 Issific	(or) WIFE of matting E. 7 again	22. I HEREBY CERTIFY. That I attended deceased from
EX EX cla	6. DATE OF BIRTH (month, day, and year) Send. 21, 1876	I last saw h = alive on July 13 , 19 3 5; deeth is said
1 7 7	6. DATE OF BIRTH (month, day, and year) SUNC. 21, 10 (6) 7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, at 2:15 m.
FOR IS A I stated properl	58 9 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
**	O Trade profession and the last	Date of onset
HIS be pe	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Coronary Thombain 7/12/3
K—T hould t may back	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
INK-INK-ISHO	U 10. Date deceased last worked at 11. Total time (years)	
	this occupation (month and spent in this occupation coupation coup	
	12. BIRTHPLACE (city or town) Washington D-C	Other Contributory Causes of importance:
ADII ADII ed. , s, so ructi	(State or country)	Chronic musicardita
UNFA supplied n terms, ee instru	13. NAME John Chaysman	
DHAN	13. NAME for Chapsman  14. BIRTHPLACE (city or town)	Name of operation
T	(State of Country)	What test confirmed diagnosis? Clumical Was there an autopsy? 20
X, WITI carefully H in pla ortant.	15. MAIDEN NAME Mary 0'Brien  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
car CH orts		Accident, suicide, or homicide? Dete of injury, 19
INI be ATAT	(State or country) M. 4	Where did injury occur? (Specify city or town, county and State)
-WRITE PLAINLY, WI mation should be careful CAUSE OF DEATH in p TION is very important.	17. INFORMANT has flying Clements (Address) Sully Saving and.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E I sho	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
on s	Place Nash . Lt C. Date //6 ,19 33	Nature of injury
	19. UNDERTAKER archer L Hay cock (Address) 30 3 4 m St. n.w. Washington W	24. Was disease or injury In any way related to occupation of deceased?
a C	20. FILED July 15, 1975 3-8 hould with	(Signed) Isanian Burthed M. D.
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage CELEBEALI V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA

plnods

1. PLACE OF DEATH

County Moule ori

Date of onsat

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

24. Was disaase or injury in any way related to occupation of deceasad?

(Address) And word 2 - P

If more blanks are neesed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   AUC 6 193	5 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1421	Run over by street car	1 week ago
Cerebral hemorrhage	S July 1,1927	Peritonitis	3 days ago
Approx. Comments of the commen			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	
			1

V. S. No. 1 N. B. of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07825
1. PLACE OF DEATH	92-0
County Monty	Registration Dist, No. 2/2
Village or City hear Coolesoul	No. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. it of foreign birth?
71 11 11	
2. FULL NAME HENRY HALL	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIWORCED (write the word)	21. DATE OF DEATH July 17 1935
5a. If marriad, widowed, or divorced	(Month) (Day) (Yaar)
HUSBAND of Charily Hull	1 HEREBY CERTIFY, That I attended deceased from 1934 to July 17 1935
6. DATE OF BIRTH (month, day, and year) Jon 14 1866	Hast saw bring aliva on July 16 1, 1935; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the day stated above, at 3.20 P.m.
69 6 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Jeans labor	mitral Insuffering 1930
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date securating (month and a large of the occupating (month and a large))  11. Total time (yeers)	my veardely 6/30/3
10. Date deceased last worked at this occupation (month and the year)  11. Total time (yeers) spant in this occupation	
-Parlia - Di	Other Contributory Cruses of Importance:
12. BIRTHPLACE (city or town) (State or country)	- Ruscov was 1,50
E 13. NAME Henry Hull	
13. NAME FULL THE STATE OF THE	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME anie masaus  16. BIRTHPLACE (city er town)	23. If death was due to external causes (VIOL ENCE) litt in also the following:
0 16, BIRTHPLACE (city er town)	Accident, sulcida, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Processing The Control of the Control	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sugarlandate //20 ,1836	Nature of Injury
19. UNDERTAKER Ry Barber	24. Was disease er injury in any wey related to occupation of dacaased?
(Address) apylonoch ma	If so, specify
20. FILED July 19, 19 39 EW While Registrar.	(Signed) M. D.
il II	The state of the s

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Chronic interstitial nephrals AUG 5 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	- Star	

# STATE OF MARYLAND—CERTIFICATE OF DEATH

a	ray	C	. ,	6	
U	4	0	-	13	

1. PLACE OF DEATH	<u> </u>
County mandamery	Registration Dist. No. 2/7
Village or City O Shape	nontogomeny Courty Jenes St, Hoghward
Langth of rasidenca in city or town where death occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number)
1000	Harrist A
2. FULL NAME W When O line	as tramenous
(a) Residence: No. 10 7 15 das (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	
male white OR DIVORCED (write the	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of Editor Hamilton	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 700, 11, 1868	Hast saw h an alive on 1935 : death is said
	S than to have occurred on the data stated above, at 2210 A.m.
66 8 1 1day,	I Ha I KINCIT AL CAUDE OF DEATH and related causes of importance
Trada, profession, or particular	Date of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Ru Diabelis Mellilus 1920
9. Industry or business in which work was dona, as SILK MILL, SAW milt., BANK, etc	
U 10. Data deceased last worked at 11. Total time (years)	f-Y-bC
this occupation (month and 1932) spant in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Courses of importance:  (12 Teres Sciences unknown
(State or country) Manufaud	
13. NAME John a Hamilton	Hemiplegea Notas
14. BIRTHPLACE (city or town)	Name of operation none Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Many 6. + rel	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Maryland	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT TO SALLOW REPORTS	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Colesville, Ind. Data July 14	, 19 75 Nature of injury
The suppose of the su	24. Was disease or injury in any way ralated to occupation of daceased?
19. UNDERTAKER (Address)	If so, specify A
20. FILED July 13 1935 CSBarnoles	(Signed) Chases mubleson M.D.
	Address) Sandy Spring min
If more blanks are needed, address State	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. No. 1.

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	-
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilopay	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jalu5, 1027	er donges and	3 days ago
	.B . V D.	ACC (a)	
Other contributory causes of importance:	1932	Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
	ARD	(GIOTE CE T	
		The state of the s	

V. S. No. 1 N. B.-

	STATE	JF MAR	YLAND-	CERTIFICATE OF DEATH	7821
1. PLACE O	7.7		-	(183)	
County	monlgon	reny		Registration Dist. No	213
Village or C	city nelas-	Calptu		NoSt.,	War
Length of rec	idence in city or town where	death secured	(If	death occurred in a horpital or institution, give its NAME instead of street andds. How long In U.S. if of foreign birth?yrsm	number)
	•			ds. now long in 0.5. If of foreign birth?yrsm	losd:
	MESAM CL	IFORD	HAYES	If U.S. Veteran specify WAR	**
(a) Résiden	ice: No. Mc de	(Usual place	Va.	St., Ward.	<u> </u>
PERSON	AL AND STATIST			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	1 State
3. SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH	
Molo	10/:12		D (write the word)	July 11	193 5
Se. If married, widow	ved. or divorced	Tung	a.	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended	deceased fro
			_	,19 ,to	, 19
S. DATE OF BIRTH	(month, day, and yeer) 76	1ar 18, 1	918	I last saw h elive on, 19	_; death Is sa
7. AGE Yee	ers Months	Days	If LESS than 1 day,hrs.	to have occurred on the date steted above, etm.	
17	3	23	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onse
8. Trade, profe	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc			Claudental Drown	- Date of one
SAWYER	BOOKKEEPER, etc business in which			J	-
work wa	s done, es SILK MILL, LL, BANK, etc				
10. Date deceas	ed last worked at	I1. Total t	ime (years)		-
this occu year)	petion (month grd lay 14	sq2	nt in this upation		
12. BIRTHPLACE (ci	wastown unal	- Cura	4-	Other Contributory Causes of Importance:	1000
(State or cou	ty or town)	leich 7	Te.		
13. NAME	Polit L. to	Larges.	1-		
13. NAME (A	14004	L. Ca		No. of a cooling	
(State or	(city or town)	alie 1	nlo.	Name of operation Dete of	7
15. MAIDEN NA	MER-L		,	What test confirmed diagnosis? Was there en	
	110	D. Co		23. If death was due to external causes (VIULTNCE) fill in also the following Accident, survide, or hamicide? Decidental accidents are injury 7	h-
16. BIRTHPLACE	country)	elica la	nlo	Where did injury occur?	-1/419.3
	9	W		(Specify city or town, county and Sta	te)
(Address)	me Les	Kay	ey	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC Pr	BUE.
18. BURIAL, CREMAT				Manner of injury Laston father given by So	10. B.
Place 100	odlawn Combin	Date	- 13,1935	Nature of injury	1
2	he state	nes Co		24. Was disease or injury in any way related to occupetion of deceased?	
19. UNDERTAKER (Address)	1903-145	new wa		If so, specify	
20. FILED 7 - 1	3 24- 2	21. T	Prin	(Signed Mrs. W. J. Pract - Local 6)	equela
20 FILED	3 1935 m	M	1 race	\	- Z M.

name of I be cheer UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	3 dy 5,1927	Peritonitis	3 days ago
9861 00	83 QC		
Other contributory causes of importance:	n	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	4/		

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5	inf	sts	SUP	
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X	E.	Sh	of	
X	very	AN	nent	
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	OR	PHY	ct s	
	RE		Exa	
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N	ANE	CJ	ssifie	
Z	RM	X	clas	4)
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FO.	IS	state	prop	ertii
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RVI	L	plno	may	oack
SE	INK	Sh	t it	ou
RE	DN	AGI	tha	ions
ZI.	ADI	·p	s, so	ruct
R	NF	pplie	erm	inst
4	1 H	ns A	ain t	See
	WIT	fully	n pl	nt.
	LY,	care	I'H i	orta
	N	l be	)EA	imi
-/	PL	noule	JF I	very
	N. B.—WRITE PLAINLY, WITH UNFADING INK —THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
	WR.	natic	CAU	CIO
V. S. No. 1	B.	H	1	1
> 20	ż		(	1

1. PLACE OF DEATH			
County Monta	omery	(210-d) Registration Dist. No. 2	/3
Village or City Same	ca-T	NoSt.,	
Langth of residence in city or town where		f death occurred in a horpital or institution, give its NAME instead of street isds. How long in U.S. if of foreign birth?yrs	
	in Jucano	St. Ward.	
(a) Residence: No	(Usual place of abode)	St., Ward.  If nonresident give city or town	and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE  Sa. If married widowed, or divorced	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 <b>3</b> (Year)
(or) WIFE of Sterry	lackson.	22. I HEREBY CERTIFY, That I atten	
6. DATE OF BIRTH (month, day, and year)	Unknown, 1901	I last saw h en sheet les dearly 19	
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the day stated above, at	
8. Trade, profession, or particular		were as follows.	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Joursework	accedental	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc		Naulning	7-28-
SAW MILL, BANK, etc	11. Total time (years)	a Good was not involved cent B.	
this occupation (month and year)	spent in this	- Quitomobiles, in which she was riding ,	over turned.
		Other Contributory Causes of Importance: into a creek, sub	nerging and
12. BIRTHPLACE (city or town)  (State or country)	<b>&amp;_</b>	- pinning Rea under core	
i Co	/	N	
14. BIRTHPLACE (city or town)	3 -	Name of operation Date	1
15. MAIDEN NAME	2	What test confirmed diagnosis?	
	127	23. If death was due to external causas (VIOLENCE) fill in also the follo Accident, suicide, or homicide?	
O 16. BIRTHPLACE (city or town)		Whera did Injury occur las Auca Many	nis
17. INFORMANT Jensy (Address)	achson	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE
18. BURIAL, CREMATION, OR REMOVAL	neca me.	Manner of Injury	
Place Seneca My	Data Jack 30 , 1935	Nature of injury	
19. UNDERTAKER Hamelen (Address)	Johney	24. Was diseasa or injury In any way related to occupation of deceased  If so, spacify	
20. FILED 1/30/35, 19 Mrs	. W. J. Pract Registrar.	(Signed) A Municipal (Address) Particulty	My MO

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I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
And have	1915	Attack of epilepsy	1 week ago
CEIVE	1921	Run over by street car	1 week ago
	July 5,1927	Peritonitis	3 days ago
ortance;		Other contributory causes of importance:	
Gallstones		Gastroenteritis	1 year
	related causes	Telated causes Date of onset  1915  1921  July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

_	
No.	
02	
>	

N. B.

1. PLACE OF DEATH County Worldsonery	CERTIFICATE OF DEATH  93-8  Registration Dist. No. 2-7
Village or City Brookvells	No. Outside St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Frederick Key	<b>0</b>
(a) Residence: No. 135 or Aprill 12 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE-of  Cora Keys	22. I HEREBY CERTIFY. That i attended deceased fro
5. DATE OF BIRTH (month, day, and year) unknown 1850	Wast saw h elive on July 30 / , 1935; death is sa
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above/at_/2.30 P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Gargiere Reft Foot 1 leg 7.243 Cardiorenal disease of My sertension: Chronic my scarditis, with spirillation. Duration; undeterminal 243 R
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance: Right Leg ampalated mid Jenny 1928 marked anterio-sclerosis.
13. NAME not known  14. BIRTHPLACE (city or town)	7,000
(State of Country)	Name of operation Date of What test confirmed diegnosis? Clinical Was there an autopsy? No
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Cara askins (daughter) (Address) Brookville	(Specify city or towy, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MAT From Inal Date Congent 3, 19 35	Manner of injury
19. UNDERTAKER Parties Barter (Address) Parties med	24. Was disease or injury In any way releted to occupation of deceased?
20. FILEDay 2 , 1935. C. B. Barnsly Registrar.	(Signed) Selver Spring, Med,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	cample I		Example II	
The principal cause of dea of importance were as followard and arteriosclerosis	th and related-causes ws; ECEIVE	Date of poset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	SEP 5 19 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	BUREAU V.			
Į t.		13		
Other contributory causes	of importance:		Other contributory causes of importance:	400
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE-OF DEATH	CERTIFICATE OF DEATH 07830
County Mively arming.	Registration Dist. No. 223
Village or City / ahoma Oak	No. / Manual and St., Ward death occurred in a hospital or institution, give its NAME instance of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if ol loreign birth? yrs. mos. ds.
2. FULL NAME MULTINE. MASA	Mha. (mapp
(a) Residence: No. / (a) Monty only (Usual place of about)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, wildowed, or differed HUSBAND of (or) WIFE of	22. / HEREBY CERTIFY, Thet/l attended/decessed from
6. DATE OF BIRTH (month, dey, and year) Mar 4, 1867	1935   1935
7. AGE Yeers Months Oeys Af LESS then 1 dey,	to heve occurred on the deta stated above, atm.
() 0 ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEPER, atc	Che Den My varacter 3/3 mas
9. Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, atc	
O 10. Data daceased lest worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) CSq 6 vol . (State or country)	Other Contributory Capoes of Importence: Mullettus 10 yrs
13. NAME William Emerythy	
13. NAME Wellan CMC  14. BIRTHPLACE (city or town) Clevellunder  (Steta or country)	Name of operation Date of What test confirmed diagnosis furnal of fly was West here en eutopsylly
15. MAIDEN NAME Margaret, hestor	23. Il death was due to external causes (VIOL ENCE) fill In also the Iollowing:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or nomicide? Deta of Injury, 19
17. INFORMANT This Clive Crisman (Address) 6 manting many and	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR BEMOVAL Pleca It as 1, 2, 5. Date July 6, 1935	Mannar ol injury
19. UNDERTAKER She Stylings Co (Address) 1901-124 Stylings Co.	24. Wes diseasa or injury In eny wey reletad to occupetion of deceesed?
20. FILED sely 6 , 1935 A grand Registrar.	(Signed) ward more M.D.  (Address) co Carvell and Tahoma Park
If more blanks are needed address State Registrary	24 V. Charles Street Beltimore Promotion 71 S. N.

CEDTICICATE OF DEATH

CTATE OF MADVI AND

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1	Example 11	
Date of onset	The principal cause of death and related causes of importance were as' follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
1	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as' follows:  Attack of epilepsy 1921 Run over by street car Peritonitis  Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting 36. S.

BINDING

RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis = 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RGIN RESERVED

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Example	11	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 116	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Billing			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	Ex a
County Variagonery	Registration Dist. No. 2/8
Village or City Gedmantour W	No. R 4 A # General Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME MOVEY MC Keen	car.
(a) Residence: No. R 4. A # 2 German	luser Wed
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorsed HUSBAND of (or) WIFE of Doseu MC Keemar	22. I HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIRTH (month day and year) 3 - 1872	I last eaw h ? alive on 1 1935 death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 3.4 m.
/ /3 5 /0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
Kind of work done, as SPINNER, Louis May & SAWYER, BOOKKEEPER, etc.	Construct Goward Nove 1930
9. Industry or business in which	11/0/33
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and second in this occupation (m	arterial Salesses 1921
10. Date deceased last worked at this occupation (month and spent in this 4)	
year) 9 3 4) occupation 40 4	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Montgome Co. my	
(State or country)	
13. NAME Linkuston	
14. BIRTHPLACE (city or town) Linkmous	Name of operation Date of Date
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Comma Jones	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Comma Comes  16. BIRTHPLACE (city or town) Montgond Co	Accident, suicide, or homicide?
E (State or country)	Where did injury occur?
17. INFORMANT Mr. John of Mason (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Proce Jerusalin Cent Date Luly 16 1935	Nature of Injury
Dellmannet V.	
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) sollier bury mg	If so, specify HILlow Manuel
20. FILED July 1/6, 1935 While of Looke	(Signed) (Signed) M. D
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Exam	ple I		Example II			
The principal cause of death a of importance were as follows:	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	0375	T 1816	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	A THAT	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	300 FE	14y5,1927	Peritonitis	3 days ago		
Other contributory causes of i	THE RESERVE THE RE	9@B	Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

V. S. No. 1

7	ite	Un	of	
	D. Every	<b><i>ISICIANS</i></b>	statement	
	r RECOR	Y. РН	Exact	
DATION	ADING INK-THIS IS A PERMANENT RECORD. Every ite	ed. AGE should be stated EXACTLY. PHYSICIANS s.	s, so that it may be properly classified. Exact statement of	
AIN RESERVED FOR BINDING	IS A PE	stated E	properly	motions on hook of contificato
7	HIS	þe	be	30
ELLVI	K-T	plnous	t may	Look
PED	NG IN	AGE S	that i	2000
NTT	ADI	ed.	S, So	. +0

. 1	. PLACE OF	F DEAT	H	, ,	יואוי	1 4	TIVE	CERTIFICATE	OI DI
11			untqu	ממי	enl	,		(82.0)	Deviator
	County		OCKY		£-			No. Chestnut.	Registra
	Village or C	ity	OCRY	//6			(lf	death occurred in a hospital or institu	
	Length of resi	denca in city	or town where	death occ	urred	yrs.	Lmos	1 & ds. How long in U.S. if	of foreign birth
2	. FULL NA	ME A	NNIC, Y	irq!	nia,	M	le Ne 11.	If U.S. Yeteran speci	fy WAR
	(a) Residen	ce: No	2712 1			Y	Place	Ward.	
(Halferman	DERCON	AL AND	STATIST		sual place	-	70 4	MEDICAL C	If nonres
3 5	SEX		OR RACE		GLE, MARI			21. DATE OF DEATH	ERTIFICA
	Female	Wh		OR	DIVORCED	(write	the word)	ZII DAIL OI DEAIN	July
_	If married, widow	,		1 0	lider	m e	cc_		(Month)
	HUSBANO of (or) WIFE of		iam					22. I HEREB	CERT
					~ .		15		, 19, to
_	DATE OF BIRTH (		and year) J	410	Days		LESS than	to have occurred on the data state	July
*. /	NOL 160	67		1		1 day	/,hrs.	The PRINCIPAL CAUSE OF DEA	State State Library
	8. Trade, profes	-11	//	(	21	Or	min.	wera as follows:	
10	kind of w	ork done, as BOOKKEEPI	S SPINNER.	How	SEY	rfc		Cerebrali	4ema
OCCUPATION		done, as SII	LK MILL,					,	
ກິນ	SAW MIL 10. Oate decease	L, BANK, etc			11. Total ti	me (vea			
Ō	this occu year)	pation (mont	h and		spen	t in thi pation_	\$		
3	BIRTHPLACE (cit	v or town)	Bal.	tin	70 r			Other Contributory Causes of imp	ortance:
12.	(State or cour		Mary					Cormary	Thr
E L	13. NAME	•	STe	nm	eir				
LAID	14. BIRTHPLACE	(city or tow	n)					Name of operation	
_ !	(State or	country)	ي الر	um	auf			What test confirmed diagnosis?	
HER	15. MAIOEN NA	ME S	phia	D	KE	<u></u>		23. If daath was dua to external ca	uses (VIOLEN
MO	16. BIRTHPLACE	(city or tow		ma	0.1			Accident, suicide, or homicide?	
				Ala	11/			Where did injury occur?	(Specify
17.	(Address)	1wood	<u>yv - 1-16</u>	100	1 <u>1.</u> X			Specily whether injury occurrad i	ווו ומטטטואז,
18.	BURIAL, CREMAT		MOVAL	00	1	0 .		Manner of injury	
	Place_W	aphre	agune !	Date.	Ju	y.	221935	Nature of injury	
19.	UNDERTAKER	1. W.	LEE.S	- 9	Sou		20	24. Was diseasa or injury in any v	way related to
	(Address)	w	slew	gla	in 1	0	0.	If so, specify	1 50
20.	FILED 7-2	2 - , 19	35 m	0.2	V. 7.	12	all_	(Signed)	2-11
							Registrar.	(Address)/G	oulle

020	21	5
Registration Dist.	No.	3
No. Chestnut Lodge San	21 tance	ward Ward
death occurred in a hospital or institution, give its NAME inste	ead of street and nu	mber)
1.8. ds. How long in U.S. if of foreign birth?	_yrsmos.	ds.
If U.S. Yeteran specify WAR		
M mil		
hington, D.C. If nonresident give c	ity or town and S	tate
MEDICAL CERTIFICATE OF		
21. DATE OF DEATH		
July 2	2	1935
(Month)	(Day)	(Үааг)
22. I HEREBY CERTIFY, T	hat i attended de	ceasad from
, 19, to		19
I last saw her alive on July 21		doeth lo cold
to have occurred on the data stated abova, at 12:10 A		death 12 2aid
The PRINCIPAL CAUSE OF DEATH and related causes of i		
wera as follows:		Date of onset
CerebralHemonha		11.11-
CETEBIATHEMONINA	7-	4-114/35
Other Contributory Causes of importance:		
Cormary Thromb	0815	4/4/35
	~~~~~~~~	,, ,, ,
Name of operation	Date of	
What test confirmed diagnosis?		
23. If daath was dua to external causes (VIOLENCE) fill in a		
Accident, suicide, or homicide?		. 10
	ii injury	
Where did injury occur?(Specify city or town, Specify whether injury occurrad in INDUSTRY, in HOME, o	county and State)	
Specify whether injury occurred in INDUSTRY, in HOME, o	r in PUBLIC PLAC	E.
Manner of injury		
Nature of injury		
24. Was diseasa or injury in any way related to occupation	of deceased? A	10
		0
If so, specify Deute M 13	ulla	WMD.
(Address) Por 11 10160	Sm	)

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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E	cample 1		Example II	
The principal cause of dea of importance were as follows:	th and related causes ws: RECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 5 1935	July 5, 1927	Peritonitis	3 days ago
	BURGAU V.	s.		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	CE OF DEA	Inta	mery		Registration Dist. No. 7	13
	nty	1006	11		Registration Dist. No. /	
Villa	ge or City	y aym	ciouen		No. St., If death occurred in a horpital or institution, give its NAME instead of street and	Wa
Leng	th of residence in c	ity or town where d	eath occurred_s		sds. How iong in U.S. if of loreign birth?yrsm	
2 FIII	L NAME	still	Ber	the m	100.	
	••••					
(a)	Residence: No		(Usual plac	e of abode)	St., Ward.  If nonresident give city or town and	I State
PE	RSONAL AN	D STATISTI			MEDICAL CERTIFICATE OF DEATH	Diate
3, SEX		OR-OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH	
mai		tale	OR-DIVORC	ED (Write the word)	July 1 sugaron	193 5
So If marrie	d, widowad, or div	neand			(Month) (Oay)	(Yaar)
HUSBA (or) WI	ND of	Corced C	MATERIAL PARTY NAMED IN COLUMN TO PARTY NAMED		22.   HEREBY CERTIFY, That I attended	deceased 1
(01) 111	12.01				7-2- 1935-10 7-2	19:30
6. DATE OF	BIRTH (month, da	v. and vaer) 7	-1-3	35-	I last saw him alive of lan - 7-2- 1935	death is
7. AGE	Years	Months	Oays	If LESS than	to have occurred on the date stated above, at still more the	
	-	-	-	1 day,hrs.	I IN LUMCTUAT CHOST OF DEVIN SHO LEIGEG CERSES OF IMBOLISHEE	
8. Trad	le, profession, or p	articular		1 01	were as follows:	Oate of o
0	le, profession, or p kind of work dona SAWYER, BOOKKE	as SPINNER, EPER, atc			3 2 mil Letters	
9. Indu	stry or business i	n which	-			
	work was done, as SAW MILL, BANK,				-	
	deceesed last wo his occupation (mo	rked et	SD	time (yeers) ent in this	***************************************	
	/ear)	1/3	l oc	supation	Other Coatribatory Causes of importance:	
12. BIRTHPI	ACE (city or town)	Harne	eloun		Other Coadsbatery Causes of Importance.	
1	e or country)	mange	success (	e, ma.		-
当. NAM	E Juli	ill It.	Mu	lls		
13. NAM 14. BIRT	HPLACE (city or to	own) meas	tagne	my Co;	Name of operation	-
E (	State or country)		a m	74	What test confirmed diagnosis? Was there an	
15. MAI	DEN NAME Ju	han o	k. For	ve	23. Il daath was due to external causes (VIOLENCE) fill in also the lollowing	
15. MAII 16. BIRT	HPLACE (city or to	morel	Acresing	Con	Accident, suicide, or homicide?	_
¥ 10. BIKI	(State or country)	0	0	My.	Where did injury occur?	, 13
	- Full	ne HI	towe		(Specify city or town, county and Sta Specily whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PL	ie)
17. INFORMA (Add	ress) gard	herebus	a ma	-9-3	Special whether injury occurred in thousand, in nome, of the public PL	ACE.
	CREMATION, OR	REMOVAL 0	-		Manner ol injury	
Place	agh	me	Oate	- 2 - 1935		
	Lus	the bl	Last	9	- Natura of Injury	
19. UNOERT	KER Jack	Files Fr	a dha		24. Was disease or Injury in any way related to occupation of dacaased?	
(700	1000)	- water	7,000	-/-5	Il so, spacify	
	71.//	1 1	1	R . C	(Signad)	

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Chronic interstitial neptritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 5 1935	Žuly 5,1927	Peritonitis	3 days ago
BUREAU V. 1	) † 5. 4		
Other contributory causes of importance:	5	Other contributory causes of importance:	13
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

RGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYL	AND-	CERTII	FICA	TE	OF	DEA"	TH

D	7	Q	12	13	
U	6	D	U	A)	

1. PLACE OF DEATH	(85)
County Mysten	Registration Dist. No. 2//
Village or City Cellne My	Tay No. 1 Co Dan / frosto St., War
Length of residence in city or town where death occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosd
200-0-11	
2. FULL NAME CHON MILLS	
(a) Residence: No. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH ) 2 , 193 5 — (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased fro
n. 1011	1 last saw below alive on 1930 1930 1930 1930 1930 1930 1930 1930
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occuration (month and snant in this	Hank bellow
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	Tesponato
year) occupation 9 92	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	18:3
	- greensy 17/2
13. NAME Sence Will	The second secon
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of 721
	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following:
	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
The End Militeral	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT	- Speakly wholest injury security in the second, in the second resident
18. BURNAL, CREMATION, OR ARMOVALS VILLE	Manner of injury
Place Date Date 19	Nature of injury.
19. UNDERTAKER A HAND WASAN	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20 FILED July 14/19 35 CSBarnsley	(Signed) M.

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Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
Luly 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Fully 5,1927 Peritonitis  Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	105	1915	Attack of epilepsy	1 week ago
Chronie interstitial ner	phritis SE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be

of OCCUPA.

Exact statement

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

18	pay	(	4 B	1
U	4	0	3	Ю

1. PLACE OF DEATH			(18)	
County Montgomery			Registration Dist. No. 217	
Village or City Nr. Bro	okeville		No. St.	Ward
Length of regidence in city or fown where	death assured		f death occurred in a hospital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsm	
				osds.
2. FULL NAME Virgini	keville		If U. S. Veteran, specify WAR	
(a) Residence: No. Broo	(Usual place		St., Ward.  If nonresident give oily or town and	State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
fem. 4. COLOR OR RACE White	OR DIVORCE	RIED. WIDOWED.  O (write the word)  1816	21. DATE OF DEATH July 27 (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of			-45	
(or) WIFE of		шт	22. I HEREBY CERTIFY, That I affended July 27 19 35 to July 27	deceased from
6. DATE OF BIRTH (month, day, end year)	ec. 18.	1920	l lesf saw h er elive on 19 6:30 P.M.	.; death Is said
7. AGE Years Months	Days	If LESS than I day,hrs.	to neve occurred on the date stated edove, er	
14 7	9	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, efc	Sch	001	Cerebro-spinal meningitis	8-2/-3
Nork was done, as SILK MILL, SAW MILL, BANK, efc.	public		R'demic	
SAW MILL, BANK, efc		me (years)	· · · · · · · · · · · · · · · · · · ·	
fhis occupation (month end year)	sper	nt in this 8		
12. BIRTHPLACE (city or fown). Wash (Stafe or counfry)	ington,	D.C.	Ofher Contributory Causes of importance:	
	t.t.		no	
I			,	
14. BIRTHPLACE (city or town) Spri	ngville Iowa		Name of operation	
			Whef test confirmed diagnosis? A Was there an 23. If deefh was due to externel causes (VIOLENCE) fill in also the following	
The second secon	has. Co.	•	Accident, suicide, or homicide? Date of injury	
(Stafe or country)	id.		Where did injury occur?	
17. INFORMANT Richard A. M. (Address) Brookevill	ott e, Md.		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OR REMOVAL B	rinklow Date 7/29	Md .	Menner of injury	
19. UNDERTAKER ROY W. Bar (Address) Gaithersbur	ber g, Md.		24. Wes disease or injury in any way related to occupation of deceased?	mo
20, FILED. July 28, 19.35 C	S. Ban	Registrar	(Signed) Out Of mafell so (Address) Sandy Spring ma	/м. р.
If more	blanks are needed, a	ddress State Registrar,	2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

V. S. No. 1

SIAIL U	r MARY	LAND-	CERTIFICATE OF DEATH	7
County Montgomer	y Com	ity.	No. Montgonery County Age	Zal Ward
Village or City	7.		death occurred in a hapital or institution, give its NAME instead of street and	number)
Length of residence In city or town where d	eath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs	1080\$
2. FULL NAME (Dally /	say	nieroe	St. Ward.	
(a) Residence: No.	(Usual place of	abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE white	5. SINGLE, MARRI OR DIVORCED	tED, WtOOWED, (write the word)	21. DATE OF DEATH 7-14  (Month) (Dey)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of			22.   HEREBY CERTIFY, That I attended 7-14-3	deceased from
6. DATE OF BIRTH (month, day, end year)	July 14	1,1935	I lest saw has alive on 7-14, 19.5	; death is sai
7. AGE Years Months (	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, et. 5: 9.66.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	-			
			Prematurity	,-
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc			6 mos.	
ting occupation (month and	11. Totel tim	ne (years) in this pation		
year)	Social Social	A .	Other Coutributory Causes of Importance:	
12. BtRTHPLACE (city or town) (Stete or country)	7.1	·	Oumdees :	
13. NAME Sporce Thom	as nue	lives		
13. NAME Share Flore  14. BIRTHPLACE (city or town)  (Stete or country)			Neme of operation Date of What test confirmed diagnosis? Was there an	eutopsy?
15. MAIOEN NAME Conlin	Triggs	n	23. If death was due to externel causes (VIOL ENCE) fill in also the following	ng:
0 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of Injury	, 19
≤ (State or country) //a.			Where did injury occur? (Specify city or town, county and St	ate)
17. INFORMANT			Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC P	LACE.
18. BURIAL, CREMATION) OR REMOVAL Place Luffpenhuse	Oate bely,	15 ,1975	Manner of Injury	
19. UNOERTAKER (Address)	Lucy	they	24. Wes disease or injury in any wey related to occupation of deceesed?	
20. FILEO July 15, 1935 C	SBarn	sley.	(Signed) (Address) Said, Long	me.

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Chronic interstitial nephritis AUG 2 1935	1921	Run over by street car	1 week ago	
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Other contributory causes of importance:		Other contributory causes of importance:		
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V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

STATE O	F MARYL	AND-CE	RTIFICAT	E OF	DEATH
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07840

7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 2m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
Continued and the companies of street and numbers   Continued and the companies of street and numbers   Continued and the continued and the companies of street and numbers   Continued and the companies of street and numbers   Continued and the companies of street and numbers   Continued and the co	7
Length of residence in city or town where death occurred. 18. yrs. 3 mos. X ds. How long in U.S. if of foreign birth? yrs. mos.  2. FULL NAME	Ward
(a) Residence: No.  The work of the personal and Statistical Particulars  3. SEX  4. COLOR OR RACE  4. COLOR OR RACE  5. SINGLE MARKED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced  Heward  6. DATE OF BIRTH (month, day, and yeer)  7. AGE  7. AGE  7. AGE  7. Years  Months  Months	ber)
(a) Residence: No.	
3. SEX 4. COLOR OR RACE Friends  1. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  52. If married, widowed, or divorced HUSSHAND of Heavy former vectors (or) Wife of Heavy former vectors (istate or country)  22. I HEREBY CERTIFY, That I attended decorated a live on 19. 19. 3.1; (be have occurred on the date stated above, at 2 2  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:  10. Date decessed last worked at this occupation (month and year) (systemer)  10. Date decessed last worked at this occupation (month and year) (systemer)  11. Data time (years) (systemer) (state or country)  12. BIRTHPLACE (city or town) (state or country)  13. NAME  14. BIRTHPLACE (city or town) (state or country)  14. BIRTHPLACE (city or town) (state or country)  15. MAIDEN MAME  16. BIRTHPLACE (city or town) (state or country)  16. BIRTHPLACE (city or town) (state or country)  17. AGE  18. A Lord of Windows  18. A Lord of Windows  19. A Lord of Windows  10. Date of Injury  11. Date of Windows  12. DATE OF DEATH  18. A Lord of Windows  19. A L	ite
Temale White OR DIVORCED (write the word)  The word of	
5a. If married, widowed, or divorced  HUNGHATO OF HERVEY CERTIFY. That I attended der  1934, to 7/57  6. DATE OF BIRTH (month, day, and yeer) Jefusory 1 1861  7. AGE Years Months Day's II LESS than 1 1 day. hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. or min.  9. Judustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town) Slexuro of Household (State or country) Maryland.  13. NAME Clipted Triffith Malleurs  14. BIRTHPLACE (city or town) Slexuro of Household (month and year) Maryland.  15. MAIDEN NAME Sophia Sarria Hood  16. BIRTHPLACE (city or town) Coakantle Years (Steed or country) Maryland.  16. BIRTHPLACE (city or town) Coakantle Years (Go. (Steed or country) Maryland.  17. AGE Years Months Day's II LESS than 1 to have occurred on the date stated above, at 2 a.m.  18. Trade, profession, or particular into the date stated above, at 2 a.m.  19. Judy on 19. 31; to 7/57  19. 32. The REBY CERTIFY. That I attended decession of the date stated above, at 2 a.m.  19. Judy on 19. 31; to 7/57  19. Judy on 19. 3	3.5
E. DATE OF BIRTH (month, day, and yeer)  7. AGE  Years  Months  Days  If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWTER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date decessed last worked at this occupation (month and year)  Other Contributory Causes of importance:  12. BIRTHPLACE (city or town)  (State or country)  Maryland  13. NAME  Culture  14. BIRTHPLACE (city or town)  (State for country)  Maryland  15. MAIDEN NAME  Sophia Sarvia Hood  16. BIRTHPLACE (city or town)  Colleged Transport  Whet test confirmed diagnosis?  Was there an au'  (Steed or country)  Where did injury occur?  (Specify city or town), county and State)  Where did injury occur?  (Specify city or town, county and State)  Where did injury occur?  (Specify city or town, county and State)	eased from
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town). Sleaves of Malleurs  13. NAME Clifted Truffeld Malleurs  14. BIRTHPLACE (city or town). Sleaves of Malleurs  15. MAIDEN NAME Sophia Sarvia Hood  16. BIRTHPLACE (city or town). Coakanille Markard (or (State or country))  Where did injury occur? (Specify city or town, county and State).  Where did injury occur?  (Specify city or town, county and State).  Where did injury occur?  (Specify city or town, county and State).	eath is sald
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. Manual  18. Trade, profession, or particular kind of work done, as SPINNER, House, or particular work and the work was done, as SPINNER, House, or particular work and the work was done, as SPINNER, House, or particular work and the work was done, as SPINNER, House, or particular work and the work was done, as SPINNER, House, or particular work and the work was done, as SPINNER, House, or particular work and the work was done, as SPINNER, which was done, as SPINNER, was done, as SPINNER, which was	
kind of work done, as SPINNER, SAWYER, BODKKEPPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city on town)  (State or country)  14. BIRTHPLACE (city on town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  16. BIRTHPLACE (city or town)  (Stete or country)  17. MAIDEN NAME  18. BIRTHPLACE (city or town)  (Stete or country)  19. Mary land  10. Date of injury  Where did injury occur?  (Specify city or town, country and State)	ate of onset
12. BIRTHPLACE (city or town) Sleswood Howard Co.  (State or country) Maryland.  13. NAME Alfred Triffth Mathews  14. BIRTHPLACE (city of town) Sleswood Howard Co.  (State or country) Maryland.  Whet test confirmed diagnosis? Was there an au'c  15. MAIDEN NAME Sophia Sarvia Hood  16. BIRTHPLACE (city or town) Cooksalle Howard Co.  (Stete or country) Maryland.  Whet dest confirmed diagnosis? Was there an au'c  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occur?  (Specify city or town, country and State)	1/10/
12. BIRTHPLACE (city or town) Yleswood Howard Co.  (State or country) Maryland.  13. NAME Alfred Triffth Mathews  14. BIRTHPLACE (city or town) Yleswood Howard Co.  (State or country) Maryland.  15. MAIDEN NAME Sophia Sarvia Hood  16. BIRTHPLACE (city or town) Cooksalle Howard Co.  (Stete or country) Maryland.  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  (Specify city or town, country and State)	1-1
12. BIRTHPLACE (city or town) Slevered Horrard Co.  (State or country) Mary land.  By 13. NAME Alfred Triffeth Mathews  14. BIRTHPLACE (city or town) Lesurord, Howard Co.  (State or country) Mary land.  15. MAIDEN NAME Sophia Sarvia Hood  16. BIRTHPLACE (city or town) Cooksaile Howard Co.  (Stete or country) Mary land.  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occur?  (Specify city or town, country and State)	
13. NAME Clifted Triffeth Mathews  14. BIRTHPLACE (city or town) Lessure and Many land.  15. MAIDEN NAME Sophia Sarviia Hood  16. BIRTHPLACE (city or town) Cooksaile Movard Co.  (Stete or country) Mary land.  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury  Where did injury occur?  (Specify city or town, country and State)	7
What test confirmed diagnosis? Was there an au'c  What test confirmed diagnosis? Was there an au'c  What test confirmed diagnosis? Was there an au'c  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county and State)	· · · · · ·
Whet test confirmed diagnosis? Was there an au'c  Whet test confirmed diagnosis? Was there an au'c  Whet test confirmed diagnosis? Was there an au'c  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county and State)	4
(Specify city or town, county and State)	psy?_24-
(Specify city or town, county and State)	
(Specify city or town, county and State)	., 19
17 INFORMANT TO CALLER OF THE PUBLIC PLACE	
(Address) Rockalle R.FD. Md.	
18. BURIAL, CREMATION, OR REMOVAL — Barriel.  Manner of injury	
Place Sandy Spring Md-Date 11 16 ,19.35 Nature of injury	
19. UNDERTAKER Sloyd Kauser, Saurel Md. 24. Was disease or injury In any way related to occupation of deceased?	<u>d</u>
(Address)  If so, specify  (Signat)	
20. FILED July 1936 . C. N. Jamsley (Signed) (Address) Sandy SA ) 72	(M. I

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IV LD	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUS 2 1933			
Other contributory causes of importance: 5.		Other contributory causes of importance:	74 - 1
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1		STA	ATE (	<b>OF</b>	M
1	L. PLACE OF	DEATH			
	County	M	onla	4.5.2	2
	Village or City_	13	aust	tos	C
	Length of residence	ce in city or	town where	death or	cu
2	. FULL NAME			CE	1
	(a) Residence:	No.		6	
-	PERSONAL	AND	CTATICA		Us
3.	-	COLOR Q		5. SI	_
-	unk	W	lan	OR	
5a.	If married, widowed, HUSBAND of	or divorced		4 (	
	(or) WIFE of			1	
6.	DATE OF BIRTH (mon	ith day and	d veer)	200	2
_	AGE Years	an, day, and	Months	1	0
	O		0		
NO	8. Trade, profession kind of work	done, as S	PINNER,		
_	SAWYER, BD	DKKEEPER, ness in whi	etc		
CCUPA	work wes don SAW MILL, B	ne, es SILK ANK, etc	MILL,		
OCC	1D. Dete deceased le	st worked	et		11
	year)				
12.	BIRTHPLACE (city or (State or country)		12	2	ć
2	13. NAME	1. C.	1-6	2-0	1
FATHER		vall	or Or	ATLA	1
_	14. BIRTHPLACE (cit (State or cou		7	ul	4-
HER	15. MAIDEN NAME	as	ina	See	-
0	16. BIRTHPLACE (cit			L	
Σ	(State or cou	ntry)	1	a	,
17.	INFORMANT	an	ma Sy	- My	is
18.	(Address) BURIAL, CREMATION.	OR REMD	VAL.	vils	1
	Plece Jaga	n	spoil	L. Date	
10	HAIDEDTAVED	1-6	4 6	1	1
19.	(Address)	1. J G. C.	Rov	por	E.
20	FILED 7-1	, 19 3	5- m	ns.	2
20.	1160/	, 13.2.			

STATE OF MARYLAND-	CERTIFICATE OF DEATH 07841
1. PLACE OF DEATH	<b>8</b>
County Manuage men	Registration Dist. No.
Village or City Deas Storon	NO. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME (Stillborn)	micholas.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Vear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) July 1, 1933	I last saw h effection 1 1924 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date states shove, at am,
O O I day,hrs, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or perfectly	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Still bas
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	2 months.
Notes that the company of particular and the company of the compan	
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
I dans come furgit com	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME GMAN See Emmin	What test confirmed diagnosis?
15. MAIDEN NAME Anna See Enviso.  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT anna & Nicholson (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place from Portfulle Date July 1., 1935	Nature of Injury
19. UNDERTAKER Walter E. Mighelson (Address)	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED 7-1 1935 Mrs. W.J. Pret	(Signed) M. D. Starfley M. D.
Registrar.	(Address) Rockirll

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  Tuly 5,1927 Peritonitis  Other contributory causes of importance:

-WRITE PLA

V. S. No. 1 N. B.-

D. Every item of infor-

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

07842

1. PLACE OF DEATH	971	
County Moul Coulery	Registration Dist. No. 213	3
Village or City Sarulstown	NoSt.,	Ward
(1	f death occurred in a horpital or institution, give its NAME instead of street and num  s	
	000.	
2. FULL NAME OMEO Asiand	the had sold to talk a sold the	94.1
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and Ste	ale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH July 4	
Male Hule married	(Day)	(Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. Thet I attended de	ceased from
(or) WIFE of Bessel C. Offull	12-10". 1934 to July 4"	19.33
6. DATE OF BIRTH (month, day, end yeer) Sec 26 - 184 2	I last saw h. Lan alive on July 1935;	death is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated ebove, al	
72 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:	Date of onset
R. Trade, profession, or particuler kind of work done as SPINNER.	gent arterial Ederories	1420
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which	and annels y both get	934
work wes done, as SILK MILL,	Janquen y legt fort	10/35
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month and year) 9 11. Total time (years) spent in this 70445 occupetion.		
this occupetion (month and year) 9 - 13 1926 spent in this 7049	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Money. Co. M.		
(State or country)	-	
13. NAME as Coffeel  14. BIRTHPLACE (city or town) my Cs M		
14. BIRTHPLACE (city or town)	Name of operation Date of	
	What test confirmed diagnosis? Wes there en eu'e	
3016-30712	23. If death wes due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury	
16. BIRTHPLACE (city or town)	Where did injury occur?	, 17
17 INFORMANT Mrs. Bassel C. Offet	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ε.
(Address) / 4 1 + 4 3 garhersky ma		
18. BURIAL, CREMATION, DR REMDVAL	Memner of Injury	
Place Darmessours Date / 6 , 1935	- Nature of injury	
19. UNDERTAKER Julen Paugliney	24. Was disease or injury In any way related to occupation of deceesed?	20.
(Addiess) Col-ville null	If so, specify Thomas A house	
20. FILED IL 6 , 1935 Walon D November O	(Signed) Asverwell Md-	M. D.

Statement of occupation,—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer"—when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	41.41	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis RECEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
1 1800		- 6	
	c	3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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- 8	

LEZENALD LOB BLYLL

V. S. No. 1 N. B.—

Length of residence in city or town where death occurred yrs, mos.  2. FULL NAME Charles P. Ott  (a) Residence: No. 8 412 - fector St.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE OR DIVORCED (variet the word)  The policy of the word)  5a. If married, widowed, or divorced HUSBAND of (or) wife of Ormy Ott  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER Returned Yor. Clark  SAWYER, BOOKKEEPER, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  21. Days If LESS than I day, hrs. or min.  11. Total time (years) spent in this occupation (month and year)  Other	Registration Dist. No.  St., Ward  Curred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
Length of residence in city or town where death occurred yrs, mos.  2. FULL NAME Clarles P. Ott  (a) Residence: No. 8 4 2 - Featow St.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Wale Outte Office the word)  5a. If married, widowed, or divorced HUSBAND of (or) wife of Other Color of (or) wife o	Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEATH ATE OF DEA
Length of residence in city or town where death occurred yrs mos.  2. FULL NAME Charles P. Ottl  (a) Residence: No. 8 112 - Featow St.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Whate white St.  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  21. E  5. Lif married, widowed, or divorced HUSBAND of (or) WHFE of Otty  6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day, has been dead of work done, as SPINNER of Days If LESS than I day, has been dead of work done, as SPINNER of Days If LESS than I day, has been dead of work done, as SPINNER of Days If LESS than I day, has been dead of work done, as SPINNER of Days If LESS than I day, has been dead of work done, as SPINNER of Days If LESS than I day, has been dead of the work was done, as SPINNER of Days If LESS than I day, has been dead of the work was done, as SPINNER of Days If LESS than I day, has been dead of the work was done, as SPINNER of Days If LESS than I day, has been dead of the work was done, as SPINNER of Days If LESS than I day, has been dead of the work was done, as SPINNER of Days If LESS than I day, has been dead of the work was done, as SPINNER of Days If LESS than I day, has been dead of the work was done, as SPINNER of Days If LESS than I day, has been dead of the work was done, as SPINNER of Days I day to have been dead of the work was done, as SPINNER of Days I day to have been dead of the work was done, as SPINNER of Days I day to have been dead of the work was done, as SPINNER of Days I day to have been dead of the work was done, as SPINNER of Days I day to have been dead of the work of the wore	Ward.  Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  ATE OF DEATH  (Day)  (Day)
(a) Residence: No. 8 412 - Forton (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Whate White OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Other Order of the word of the work of the word of the word of the word of the work done, as SPINNER of Days 1 the St than 1 day, hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER of the work was done, as SPINNER of Work was done, as SPINNER of the	MEDICAL CERTIFICATE OF DEATH  AATE OF DEATH  (Day)  Mear)  Amounth (Day)  Amounth
PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  OR	MEDICAL CERTIFICATE OF DEATH  ATE OF DEATH  (Day)  Month  (Day)  193  (Day)  193  (Day)  193  (Day)  193  (Day)  (
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  1. In the profession, or particular kind of work done, as SPINNER (attention of work was done)  3. Industry or business in which work was done, as SPINNER (attention of work was done)  3. Industry or business in which work was done, as SPINNER (attention of work was done)  3. Industry or business in which work was done, as SPINNER (attention of work was done)  3. Industry or business in which work was done, as SPINNER (attention of work was done)  3. Industry or business in which work was done, as SPINNER (attention of work was done)  3. Industry or business in which work was done, as SPINNER (attention of work was done)  3. Industry or business in which work was done, as SPINNER (attention of work was done)  3. Industry or business in which work was done, as SPINNER (attention of work was done)  3. Industry or business in which work was done, as SPINNER (attention of work was done)  3. Industry or business in which work was done, as SPINNER (attention of work was done)  3. Industry or business in which work was done, as SPINNER (attention of work done)  3. Industry or business in which work was done, as SPINNER (attention of work done)  3. Industry or business in which work was done, as SPINNER (attention of work done)  3. Industry or business in which work was done, as SPINNER (attention of work done)  3. Industry or business in which work was done, as SPINNER (attention of work done)  3. Industry or business in which work was done, as SPINNER (attention of work done)  3. Industry or business in which work was done, as SPINNER (attention of work done)  3. Industry or business in which work was done, as SPINNER (attention of work done)  3. Industry or business in which work was done, as SPINNER (attention of work done)  3. Industry or business in which work w	ATE OF DEATH  (Day)  (D
Male white OR DIVORCED (write the word)  is. If married, widowed, or divorced HUSBAND of (or) WHFE of Orreg Ott  is. DATE OF BIRTH (month, day, and year) June 26, 1869  is. AGE Years Months Days If LESS than I day, hrs. or min.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade, profession, or particular kind of work done, as SPINNER Other Government.  is. Trade,	(Day)  (Day)  (Pear)  (Day)  (Pear)  (
HUSBAND of (or) WHEE of Ourse Ott  5. DATE OF BIRTH (month, day, and year) June 26, 1869  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER Cetured Yor. Clerk  SAWYER, BOOKKEEPER, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation  Other  Other  Other	saw h alive on 1935, to 1935; death is saile occurred on the date stated above, at 3 m.  RINCIPAL CAUSE OF DEATH and related ceuses of importance
7. AGE Years Months Days If LESS than 1 day,hrs. orhrs. orhrs. or	e occurred on the date stated above, at
The P were standard work done, as SPINNER Sawyer, BOOKKEPPER, etc.  3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	RINCIPAL CAUSE OF DEATH and related couses of importance
8. Trade, profession, or particular kind of work done, as SPINNER Lateral Law Clerk  SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)	en follows:
kind of work done, as SPINNER Colored Jov. Clark SAWYER, BOOKKEEPER, etc.  S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  Other  (State or country)	, Date of onse
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation Other  2. BIRTHPLACE (city or town) (State or country)	aras) Here 1 1 1 1
year) occupation Other  2. BIRTHPLACE (city or town) (State or country)	······
2. BIRTHPLACE (city or town) Pa	
(State or country)	Coatributory Causes of importance:
13. NAME James Ott	This Deliners
14. BIRTHPLACE (city or town) Rame	
	of operation
(State or country) What	test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME That Chiller 23. If d  16. BIRTHPLACE (city or town) Par Accid	eath was due to external causes (VIOLENCE) fill in also the following:
	ent, suicide, or homicide?Date of Injury,19
(State or country) Where	did injury occur? (Specify city or town, county and Stole)
7. INFORMANT Mrs army Ott Speci (Address) 8412- Fenton Street	y whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
	er of Injury
Place Grerette, Va. Date June 17, 1935 Natur	e of Injury
S. UNDERTARER	s disease or Injury In eny way related to occupation of deceased?
20. FILED 7/17 , 1935 Kalf helf lefter Registrar.	specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

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Example 1	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1912	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	<b>4</b> 02	Run over by street car	1 week ago
Cerebral hemorrhage	J Ly5 1927	Peritonitis	3 days ago
5 8	D/		•
Other contributory causes of importance:	8	Other contributory causes of importance:	1.
Gallstones 3	Ma 1,1923	Gastroenteritis	1 year
	9	The second secon	

V. S. No. 1

22

OCCUPA.

Jo

should

1. PLACE OF DEATH

If more blanks are needed, address State Registr

STATE OF MARYLAND—CERTIFICATE OF DEATH 197844

	(180)	
	Registration Dist. No. 2/7	
	20 mg T B - 0: 000; 1	1
(If	death occurred in a horpital or petitution, give its NAME instead of street and namber)	HO
		ds.
	Pholoni	
-0	mayer	
a	St., Ward.  If nonresident give city or town and State	
	MEDICAL CERTIFICATE OF DEATH	-
	21. DATE OF DEATH	
	(Month) (Day) (Year)	
	22.   I HEREBY CERTIFY, That I attended deceased for	
	1 20 25 4-10 -	OM
_	I last saw h.4444 alive on 7 - 12 , 19.35; death is s to have occurred on the date stated above, at 12:30 4 m.	ald
rs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	were as tollows:	et
)	The least of	
	Malma ; due to acute nephritis.	0-10
	as it wandly is , in all extensive from Cars	9-
1	Other Contributory Causes of Importance:	1
	10 Margar Plugar Mill	133
_	17274 434 alpee Kuns: 6/3;	130
_	received in a forening/ building.	
	Name of operationDate of	3
	What test confirmed diagnosis?  Was there an au'opsy?	a
	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	Accident, suicide, or homicide? Date of injury, 19	
	Where did injury occur?	
	(Specify city or town, county and State) Specity whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	
	Manner of injury	
	Nature of injury	
	24. Was disease or injury in any way related to occupation of deceased?	
	It so, specify	
	100 h Makert 1 Janda	. D.
	(Address) Clarks rille ma	. D.
ır.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	
3		

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Example 1		Example II	0 00
The principal cause of death and related cause of importance were as follows:	Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 AIC 2 193	5 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V.	S. July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of dcath and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis A 2 1 3	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contains				
Other contributory causes of importance:		Other contributory causes of importance:	-	
Gallstones	May 1,1923	Gastroenteritis	1 year	

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H	7	3	4	P	I

1. PLACE OF DEATH	70-20
County Monlarmery	Registration Dist. No. 2/6
Village or City Brooks Manor Thu Ech	() No. St. Ward
6	death occurred in a hospital or institution, give its NAME instead of street and number)
0,00-	
2. FULL NAME Steffen Styre me	CANO
(a) Residence: No. 13 rooks Maur - Jun (9ch	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male while OR DIVARCED (write the word)	(Month) (Ony) (Year)
5a. If marriad, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decaasad from
6. DATE OF BIRTH (month, day, end year) July 26 - 1931	I last sew h and alive on 1931; death is said
7. AGE Yaars Months Days If LESS than	to hava occurred on the date stated above, at 1000 m. M
3 11 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causos of Importance were as follows:
8 Trade profession or particular	Wera as rollows:  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Suspen Conordina hard
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data dacaased last worked at this occupation (month and	
3   SAW MILL, BANK, etc	
O this occupation (month and spent in this year) occupation	
The state of the s	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town)   TSUBMULGION   (Stata or couptry)	
13. NAME Lo Evnaid a Shormaker	
13. NAME do Evnaid U. Shormaker  14. BIRTHPLACE (city or town) Many Land	Nama of operation Data of
(Stata or country)	What test confirmed diagnosis? Revol Exp. Was there an autopsylves
15. MAIDEN NAME Bettel Objatet Mossburg  16. BIRTHPLACE (city or town) Dangland	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
[5] 16. BIRTHPLACE (city or town) offery land	Accidant, suicide, or homicida?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr. Devuard U Shormaker	Specify whathar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Volomac - Md Date July 15 1935	Manner of injury
M D I PROD	Natura of injury.
19. UNDERTAKER DOM: VELLOUN Ling Miles	24. Was disaasa or Injury in any way related to occupation of dacaased?
7/5 3- (20 0000000000000000000000000000000000	If so, specify  (Signad) That When M.D.
20. FILEO	(Address) 33230 CL N.C.
1	

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Example I		Example II		
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Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
i otkija u v. g	1, 12			
the sale of the sa				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

State JPA-		CERTIFICATE OF DEATH		
5 1	1. PLACE OF DEATH	(23)		
ould state	County Management	Registration Dist. No. 2/1		
sh	Village or City Coardena (If	ND. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)		
ent	11	ds. How long in U.S. if of foreign birth?yrs,mosds.		
YSICIANS	2. FULL NAME Have William S	nome de la companya del companya de la companya de la companya del companya de la		
	(a) Residence: Np. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
2	3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) Washington	21. DATE OF DEATH  29  (Month)  (Oey)  (Year)		
ACTL assifted.	5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  Shoulding	22. I HEREBY CERTIFY, Thet I attended decessed from		
E X cl	6. DATE OF BIRTH (month, day, end year) 1873 - 3	Wast sew h.c. elive on 2. 1935; death is said		
stated E properly certificate.	7. AGE Yeers Months Days If LESS than 1 day,hrs.	to heve occurred on the dete steled above, et 2 - m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance		
be of	8. Trade, profession, or particular	Agenios elemin - zenen a 11-97 Date el oreste 10 mars		
should it may n back	SAWYER, BDDKKEPPR, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased last worked at this occupation (month end	acres maion		
67 40	year) year) occupetion 40	Other Contributary Causes of Importance:		
oplied. AGE erms, so that instructions	(Stete or country) 2 mg	Caches 42-200.		
	13. NAME (Lohard Sunday)  14. BIRTHPLACE (city or town) Islands Co			
	4. BIRTHPLACE (city or town) 11 Color Color (Stete or country)	Neme of operation Oete of		
13		Whet test confirmed diagnosis? Was there en eutopsy?		
be careful EATH in p important.	15. MAIDEN NAME Lya Fry 16. BIRTHPLACE (city or town) Troublink C. (State or country)	23. if deeth wes due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?		
	17. INFORMANT Start Snowde (Address) Calarks & 1	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
E E	18. BURIAL, CREMATION, OR REMOVAL  PLOCE Soutain Brillsing Oglo Charget (, 1971)	Menner of injury		
mation s CAUSE TION is	19. UNDERTAKER Roy W Barley (Address) Roy The Roy	24. Wes disease or injury in any way releted to occupation of deceased?		
(F)	20. FILED July 30, 1935 / Min & Registrar.	(Signed) Lucit Baya M. D. (Address) and an analysis		
0	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T.) S. No		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage :.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	ADDITIONAL SPACE	FOR FURTHER ST	TATEMENTS BY PH	YSICIAN	
I him	a aliens was	sam long	me in one	a Maise I	Trains only
( Dune 104	TI - (935) c	me relen	To The	200	ce 5 com.
Rocamo	siam o la	- Que andus	Tubers ani	11- 000	. 00. 0:-
not have	a talendicis	- Cran	T- 4. 20 2	1. 0.00	1 0:5
en 200.			m. m. 6	Bonson	

	AND—C	CERTIFICATE	OF DEA	AIH ()	7848
1. PLACE OF DEATH		(119)	Domintostino	Dial No.	17
County VV bulgomer		Ale	Registration	Dist. No. 2	
Village or City	(lf	ND death occurred in a horpital or inst	itution, give its NAM	AE instead of street a	nd number)
Length of residence in city or town where death occurredyrs	sXmos.	ds How long In U.S.i	f of foreign birth?	yrs	_mosds.
2. FULL NAME audery J. J.	any	der			
(a) Residence: No.		St., Ward.	16		1.0.
(Vaulal place of about PERSONAL AND STATISTICAL PARTICUL		MEDICAL	CERTIFICAT	t give city or town	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED,		21. DATE OF DEATH		2 01 22/11	
OR DIVORCED (write	te the word)		7	24	, 193 5
5a. If married, widowad, or divorced			(Month)	(Dey)	(Year)
HUSBAND of (or) WIFE of		1 HEREB	YCERTIF	Y, That I attend	1.
and an	1031	July D	1953 to	July a	7, 19136.
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys	f LESS then	to heve occurred on the date st	Jahana I	., 19.0	35.; death is said
0 0/ 1 de	y,hrs.	The PRINCIPAL CAUSE OF DE		uses of Importance	
8 Trade profession or particular	min.	were es follows:	Caleta-	•	Date of onset
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, atc					019/6/
kind of work done, as SPINNER, SAWYER, BODKKEPER, atc.  9. Industry or business In which work wes dona, as SILK MILL, SAW MILL, BANK, etc.  10. Dete daceesed last worked et this occupation (month and					
SAW MILL, BANK, etc	ers)				
this occupation (month and spent in the year) spent in the occupation	iis				
12. BIRTHPLACE (city or town) Bond		Other Contributory Canses of in	portence:		
(State or country)					
13. NAME ZOODER B. Du	De				
14. BIRTHPLACE (city or town)		Neme of operation		Date o	of
(State of Country)	مـــــــــــــــــــــــــــــــــــــ	Whet test confirmed diegnosis?.		Wes there	an autopsy?
15. MAIDEN NAME E. Da la la la		23. If deeth wes due to externel	causes (VIOLENCE)	fill in elso the follo	wing:
15. MAIDEN NAME E. TO A TO THE STATE OF THE	Α	Accident, suicide, or homicide?.		Dete of Injury	
(Stete or country)	2	Where did Injury occur?	(Specify city of	or town, county and	State)
17. INFORMANT Edge roed Dunder		Specify whether injury occurred	I In INDUSTRY, in H	IOME, or in PUBLIC	PLACE.
(Address)		Manney of Injury	-		
Place Boyolo Date July 39	1933	Menner of injury			
6, B 11.00:		24. Was disease or injury in eny	way related to occur	ination of deceased?	200
19. UNDERTAKER (Address)	ans	If so, specify	may related to occu	ibariou or nerce2601	
1. B. the your & g	N. San	(Signed) USL	on all	uns	M. D
20. FILED 14 2 , 19 1 - 9	Registrar.	(Address) . A.Q.		110-	1. 1

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Ex	ample I		Example II	
The principal cause of deat of importance were as follow Arteriosclerosis	RECEIV	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	F.05 / 100	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.	8.		
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
--------------	------	-----	---------	------------	------------------------	-----------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 17849
1. PLACE OF DEATH	46-8
County Illimita omens	Registration Dist. No. 2/4
Village or City annion Silver as	NAME DIG St. Ward
	death scourred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred yyrs mos	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME If I GAG WALL ELIGHT	Mr. Was Shames
(a) Residence: No. August March (Usual place of (abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July 12, 1935
5a. If married, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND OF CONTROL THOMAS	22. I HEREBY CERTIFY, That I attanded decasas from
6. DATE OF BIRTH (month, day, and year) 1868	I last saw h At alive on May 2 1 1935; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, et 2 2 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, Now SAWYER, BDDKKEEPER, atc.	Marlinoma of Stomach 1934
9 Industry or business in which work was dona, as SILK MILL,	12
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, atc.  9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at this occupation (month and	
o this occupation (month and 1944 spant in this yaar) spant in this	
Silver A bring	Dther Castributary Causes of Importence:
12. BIRTHPLACE (city or town) - AND MANAGEMENT (Stata or country)	Mysocalawa, Uniana 170 I
13. NAME WILL OF LOSO	1
13. NAME SILAS PASS  14. BIRTHPLACE (city or town)	Name of operation. Tank a Dete of
(Stata or country)	What test confirmed diagnosis? Chrucal Was there an europsy? M
15. MAIDEN NAME MANY PLES At 4th BRIGHT	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME MAY ELEGATED BATTLE.  16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Data of injury 19
(Stata or country)	Whera did injury occur?
17. INFORMANT Jon Shomas (Address) Philadellhia, Ca	(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Lewwood Wa Data 1/16 1935	Natura of injury
19 UNDERTAKER R. Wlabrey.	24. Was disease or injury in any way related to occupation of dacaesad?
(Address), 453- Oct Wach. D.	If so, specify
20 FILED 7/15 19 5 5 E. Wasan 8	(Signad) Mulenul M. D.
ZO. FILED	(Addrass) Silver apring, M.S.
If more blanks are needed, address State Registrar	2411 N Charles Street Balamare Requesting 71 S No .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VED		Example II	
The principal cause of teath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SFP 6 150	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage BUREAU	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CTATE	OF	MADVI	AND	CEDTI	CICAT	FO	E DEATH
SIAIL	UF	MARIL	AND-	CERII	FICAI	E U	F DEATH

7.3	pay	1	free	3	٨
13	7	×	1	1	1
1.9	- 6		1	1	J

1. PLACE OF DEATH	93-0
County Mantgomery	Registration Dist. No. 223
Village or City Takoma Park	No. Washington Sancy Hosk St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city or town whera death occurredyrs	mos. 4. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs' Ella Thompsox	V
(a) Residence: No. Hartly L. (Usual place of abode)	R.7D. St., Ward. Haze It wille Delaware If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO OR DIVORCED (write the	werd)  21. DATE OF DEATH  (Month)  (Dev)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Edward Thompso	22. 1 HEREBY CERTIFY, That 1 attended dacassad from  June 30, 19.35; to July 2, 19.35.
6. DATE OF BIRTH (month, day, and year) May 27, 186	8   I last saw h = Y alive on July 2 , 19 35; death is sald
7. AGE Yaers Months Days If LESS	
67   5   10dy,	
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Chronic Pagaine Congestion
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date daceased last worked at this corpusation (month and	
11. Total time (yaars) this occupation (month end year)	ours
12. BIRTHPLACE (city or town) Cambridge, Mo (State or country)	Other Contributory Causes of Importance:
W 13. NAME John H. Pross	Purulent Pericarditie
13. NAME John H. Wass  14. BIRTHPLACE (city or town) P.L. dgley Misse.  (Stete or country)	
Is MAIDEN NAME YOR Ellen Gillett	What test confirmed diagnosis?
15. MAIDEN NAME YOU & len Gillett 16. BIRTHPLACE (city or town) IPidgley MISS (Stete or country)	OUX
17. INFORMANT Lias bington Sanitarium Pecs (Address)	Where did injury occur? (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, PREMATION OR REMOVAL  Place Date to 1	Mannar of injury Nature of injury
19. UNDERTAKER AM ABENDALES  (Address) Lology A. 8	24. Wes disaese or injury In any way related to occupation of dacaasad?
20. FILED felly 2 12 Togers	(Signed) A Camphay M.D.  (Address) Washington Sanitalina Ung
If more blanks are needed, address State	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II		
The principal cause of deat of importance were as follow	and related causes	Date of inset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	N'11- 11 123	1927	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Perilonitis	3 days ago	
	WWW.				
Other contributory causes of	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				<u> </u>	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

07851

1. PLACE O		0,		Registration Dist. No. 2//
Village or C	ULarksb			No. St., Ward Ward in a horpital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NA (a) Residen	ME Ida V	Thompso	n R	F D Ward.  If nonresident give city or town and State
PERSON	IAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARR OR DAVORCED	RIED, WIDOWED, (write tha word)	21. DATE OF DEATH 2 - , 193 5 (Month) (Day) (Yaar)
5a. If marriad, widow HUSBAND of (or) WIFE of	ved, or divorcad And	rew Tho	mpson	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH 7. AGE Yas 1889	(month, day, and yaar)  ors Months	June I	O th  If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at ACP.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEPPER, atc. House Keeper  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data daceasad last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  Maryland				diagnosis, asly had the history of spilepay, for years. Her last illness was trief. Cross Other Contributory Canses of importance:
(State or country) Montg,  13. NAME Zachariah Harding  14. BIRTHPLACE (city or town) Md  (State or country)				Name of operation or medicula and work attended bate of  What test confirmed diagnosis?  Was there an autopsy?
15. MAIOEN NAME Caroline Boswell  16. BIRTHPLACE (city or town)  (State or country)				23. If daath was dua to axternal causes (VIOL ENCE) fill In also the following:  Accident, suicida, or homicide?
William Baker (Son)  17. INFORMANT Gaithersburg Md				Specify whether injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Gaithersburg Oate July 5the 3				Manner of injury
19. UNDERTAKER Ernest C Gartner  19. UNDERTAKER Gaithersburg Md  20. FILEO July 3 19 3 5 7 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			Ma	24. Was disease or injury in eny way related to occupation of deceased?  If so, spacify  (Signad)  M. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. &

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	ž	THE NEXT AND ADDRESS.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	(31)
county montgonery Co.	Registration Dist. No. 218
Village or City Derwood not R. F.	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 15 yrs 6 mos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAMECTIME & Trout	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (ruprice the word) The married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of Jone Trout  6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY, That I ettended deceased from  19 to Ouly on 7-10, 19 55  I last saw her alive on July 10 1936; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs. ormin.	to have occurred on the dete stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Chy hephrity Down
9. Industry or business in which work was done, as SILK MILL,	malheritan mou
10. Date deceased last worked et this occupation (month end 935 spant in this year) 45	
12. BIRTHPLACE (city or town) Jonaton C D (State or country)	Other Contributory Causes of Importance:
13. NAME In ROLLING	
14. BIRTHPLACE (city or town) Zunken	Name of operation Date of Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Sus Smoots	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT Lea J. Wholes (Address) Derwood und	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL PIECO DO COLOT CORE EN DATE CARGO DATE CARG	Manner of injury
19. UNDERTAKER Rof W Barber (Address) Parthyrsburg met	24. Was disease or injury In any way related to occupation of deceased?
20. FILE Guy 1, 1935 abrula F. Govile Registrar.	(Signed) Jarthershung M.D.
If more blanks are needed, address State Registrar	2477 N. Charles Street Relimone Promotion 71 C. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	135-51
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

,	infor-	state	UPA-
	Jo m	hould	000
1	ite	W2	Jo
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every ftem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
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	REC		Exa
	H	X	,
S Z	包	E	fed
D	(A)	A C	ssi
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N. B.—WRITE PLAINLY,

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 07853
1. PLACE OF DEATH	(53-2)
County Menteamery	Registration Dist. No.
Village or City Takoma Park	NoWashington Sanitarium & Hospital Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	os26_ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Miss Annie Frazer Wa	Ker
(a) Residence: No. 15 a3 — 22 nd St. N.W. (Usual place of abode)	St., Ward. Washington, D.C.  If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED. OR DIVORCED (write the word) Simple	21. DATE OF DEATH ULY 23 , 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22.     HEREBY CERTIFY, That I attended deceased from
(8) 1112 01	July 1 1935, July 23, 1935
6. DATE OF BIRTH (month, dey, and year) Jaly 8, 1865	I last saw h. Q alive on July 22 , 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date steted above, at 4 P. R.m.
/2   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Greenoma of thypoid Hand Cuto
9. Industry or business in which	Carcinama of threyord. 12/1/3
work was done, es SILK MILL, SAW MILL, BANK, etc.	o gains
0 10. Date deceased last worked at this occupation (month and spent in this	Caremond of hary nixe?
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Washington, D.C.	Other Conditional Control of Impulance.
(State or country)	Chronic my Cardites
# 13. NAME John Walker	Chrome Mexhutis
14. BIRTHPLACE (city or town). Glas glaw, Scotland	Name of operation
(State of country)	What test confirmed diagnosis? Unusaf y X Kawys there an autopsy? Les
15. MAIDEN NAME Wartha H. Frazer	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
[State or country]	Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Washington Sanitarium Records (Address) Takoma Park, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18 DURIAL, CREMITION, OR REMOVAL Place processing to Ocole 7/23/, 133	Manner of injury
19. UNDERTAKER HE. A. H. Hands Co. (Address) 2901-144 A. M. M. M. C.	24. Was disease or injury in any way related to occupation of deceased? 746
20. FILED July 23, 1925 76. 6. Rogers (Registrar.	(Signed) Edua F. Patterson M. D.  (Address) Takoma Part Md.
V V	" (noutess) 1 3221 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as-follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis IREELVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	7	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07854
1. PLACE OF DEATH	<u> </u>
County Manformery	Registration Dist. No. 214
Village or City Seller Storing	ND. 806 noges drive St., Ward
	death occurred in a hospital or institution rive its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Hilliam A. Apollo	ev.
(a) Residence: No. 806 nortes drive	St., Ward.
((Ugal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male white married	21. DATE OF DEATH  (Mynth)  (Year)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary of Haceloon,	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug. 10.1869	Hast saw have alive on July 1935; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at _45 a.m.
68 // // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Cerebral Temorrhage Pluts 10
	(Right Hemiflegia)
9-industry or business in which work was done, as SILK MILL, MALL, MALL, BANK, etc	1 / J V
10. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)  (State or country)	and workers of the
13. NAME Charles S. Walton	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? 22
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mess Mary d. Walton (Address) Sellin Spring md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Willy Bu Milliposte July 13, 1935	Nature of Injury
19. UNDERTAKER AND SUMMER (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED 7/22/, 1935 9 6 Lou Sour Resistrar	(Signed)
	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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bample I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis SEST	1921	Run over by street car	1 week ago
Cerebral hemorrhage	uly 5,1927	Peritonitis	3 days ago
Other contributory causes of importation		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	<u> </u>
County Montgomery Co.	Registration Dist. No. 223
Village or City Tallon & Park	No. Washington San. 1 Husb. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)  105. 1 ds. How long In U.S. if of foreign birth? 33 yrs. mos. ds.
2. FULL NAME Mr. Henry wen	
(a) Residence: No. 81 3 E.y.e. St. W. W. (Usual place of abode)	St., Ward. Washington, 10C.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Chinese low Chinese low Widowed Widowed	21. DATE OF DEATH  26. (Moghth) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Guon Shee	22. I HEREBY CERTIFY. That I attended deceased from July 26, 19.35, to July 26, 19.33
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hr  ormin.	I last saw h. * ? · alive on To last saw h. * ? · alive on To last saw h. * ? · alive on 19.35 ; death is said to have occurred on the data stated above, at 10.32 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:  Data of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	Cordio-viorilar Renaldicese  73, Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Canton, China (State or country)	Other Contributory Causes of Importance.
# 13. NAME Mun Wen	
14. BIRTHPLACE (city or town) Cantan, China (State or country)	Name of operation Tone  What tast confirmed diagnosis? Lowership & Clin Carl of your hard  Was there an autopsy? La
15. MAIDEN NAME Shee Lee	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Shee Lee  16. BIRTHPLACE (city or town) Canton, China (State or country)	Accident, suicide, or homlcide?
17. INFORMANT Washington Sanitarium Recor (Address) Takana PK. Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Clas Fill Data fully 30 , 19 3.	Manner of injury
19. UNDERTAKER LYW Chambles Co (Addiess) 400 Chapm 84 Miss. 4	21. Was disease of injury in any way related to occupation of deceased?  (Signed) M. D.
20. FILED YULL D. Lo., 1935 Th. Co., TUO O'CA Registrar.	(Address) 722 Marle aur. Tahonsa Ph.

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1635	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Aly5,1927	Peritonitis	3 days ago
KIREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

PLACE OF DEAT	гн			· · · · · · · · · · · · · · · · · · ·
County Plenon	Lamery			Registration Dist. No. 214
Village or City	Inen I	bring		
village of Oity			/(li	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in cit	ty or town where dea	th occurred	yrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.
. FULL NAME	toseph	2/2	billian	CATEL
(a) Residence: No.	olumbia Co	untre Clu	b. Chery Cha	restMd. Ward.
		(Usual place		If nonresident give city or town and State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH
SEX 4. COLO	R OR RACE 5	OR DIVORCED	(write the word)	21. DATE OF DEATH.
male w	and	mor	rie d_	(Month) (Day) (Year)
If married, widowed, or divor	rced 1 Di.	di-		22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE-of Officer	y sieve	en ne	6	July 3/ 1935 to July 3/ 1935
OATE OF BIRTH (month, day	and year) Du	6, 7, 18	72	I Jast saw h alive on
AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 4:10 m.
63		2.4	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or pa	rticular	t. 0 .		Dead when I arrived apprecently Date of onset
kind of work done, a SAWYER, BOOKKEE		christn.	Country Peub	agente detatation of
Industry or business in work was done, as S	ILK MILL.			heart. Julle,
SAW MILL, BANK, e		11. Total tir	ne (vears)	Primary Cause: Chronic myocordition Cure
this occupation (mon year)	th and	spen	tin this	anotion i not stated.
	011.	e de		Other Contributory Causes of importance:
BIRTHPLACE (city or town)_ (State or country)				
13. NAME / Mar	T. 0 1/4 1	1		
	. 02	0 1	T	
14. BIRTHPLACE (city or town (State or country)	wn)	March		Name of operation Date of
15. MAIDEN NAME	U. lana		-	What test confirmed diagnosis? Was there an aulopsy?
16. BIRTHPLACE (city or toy	1000	2 224		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	wii)	Villey Brown.		Accident, suicide, or homicide? Date of injury, 19
INFORMANT Durs	Marson I	12:11:	24444	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 58- On	att St. Me	w Roche	lle 21.00.	The state of the s
BURIAL, CREMATION, OR RE	MOVAL			Manner of injury
Place Mun No Cl	else, 4.4.	Date	, 19	Nature of injury
UNDERTAKER OH AS	men & C	may to be	200	24. Was disease or injury in any way related to occupation of deceased? Zao
(Address) Aulu	en Spin	in Amil	_ 7	If so, specify
FILL DULY 1	35 35	E Wind	eur Do	(Signed) Maryon Barrelied M.D.
, 1	V		6.11	(Address) Siles of Siles

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	1 pm	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1980	Allack of epilepsy	1 wcck ago
Chronic interstitial nephritis	1921	Ryn over by street car	1 week ago
Cerebral hemorrhage	July ,1927	Peritonitis	3 days ago
	100		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	2		

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH bluods Registration Dist. No. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Langth of residence in city or town where death occurred How long in U.S. If of foraign birth?\_\_\_\_\_yrs.\_\_ PHYSICIAN (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DAY OR CED Junite the wordy (Day) BINDING 5a. If married, widowad, or diverced HUSBAND of CERTIFX That I attended-daceasad from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months Days If LESS than FOR to have occurred on the date stated above, at. 1 day,\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and ralatad causas of Importance or\_\_\_\_min. were as follows: Data of onsat 8. Trada, profassion, or particular OCCUPATION RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back may Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, atc ..... 10. Date decaased last worked at 11. Total time (yaars) this occupation (month and spent in this occupation \_\_\_ instructions Othar Contributary Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 14. BIRTHPLACE (city or town) .... plain (State or country) carefully What test confirmed diagnosis?\_\_ HER important. 15. MAIDEN NAME 23. If death was dua to external causes (VIOL ENCE) fill in also the following: MOT Accident, suicide, or homicida?\_\_\_\_\_\_ Data of Injury\_\_\_\_\_\_, 19\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Whare did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnous OF (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of Injury AUSE Nature of injury. LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED. Registrar If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Registrar

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Example 1	Example II		
The principal cause of death and related auges of importance were as follows:	vate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 11 A112 5 1635	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07859		
1. PLACE OF DEATH	31-2		
County Moulannery	Registration Dist. No. 4/3		
Village or City Bealgaville, And	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)		
Langth of rasidence in city or town where death occurred	ds. How long in U.S. if of foraign birth?yrsmosds.		
2. FULL NAME delevellyng four	9 -		
(a) Residence: No. (Qual place of abode)	St. Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 22 4		
male white marreed	(Year)		
5a. If marriad, widowad, or divorced  HUSBAND of  (or) WIFE of Section 100	22. 1 HEREBY CERTIFY, That I stranded deceased from		
10 10 10 10 10 10 10 10 10 10 10 10 10 1	1930, to July 32, 1933		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS Han	I last saw barm allve on 1900; daath is said		
7. AGE Years Months Days I f LESS than 1 day,hrs.	to have occurred on the date frated above at July 18 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
101	wara as follows: Date of onset		
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Anna anna a vil		
I Industry or businass in which	Prostatel aland 1930		
work was dona, as SILK MILL, SAW MILL, BANK, etc	- Company of the second of the		
10. Data dacaasad last worked at this occupation (month and year)			
35	Othar Coutributory Causes of importanca:		
12. BIRTHPLACE (city or town) (State or country)	a a sty mune on 1. 1 7/10/		
# 13. NAME YOU D. TO	The same of the same of the same		
13. NAME  14. BIRTHPLACE (city or town)	Name of operation		
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME MOOLES & Second	23. If daath was dua to axternal causes (VIOLENCE) fill in also tha following:		
15. MAIDEN NAME MALE (city or town). The same of the city or town). The same of the city or town). The same of the city or town or town of the city of	Accidant, suicida, or homicide? Data of injury19		
S (State or country)	Whare did Injury occur?		
17. INFORMANT Mas levelly and Company	(Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Placa Seellswilloata 7/24 1933	Nature of injury		
19. UNDERTAKER Hillers + Hall	24. Was disaasa or injury in any way ralatad to occupation of daceased?		
(Addrass) (rollesulle ma)	If so, specify		
20. FILED July 24, 1925 EW White Registrar.	(Signad) Probable Will Will		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore. Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year